

# Boone County Children's Services Fund: Review and Assessment

May 1, 2019

**Prepared by:**

Emily Johnson

Institute of Public Policy

Truman School of Public Affairs

University of Missouri

## TABLE OF CONTENTS

---

Executive Summary.....	3
Findings .....	3
Background .....	4
Methodology.....	5
Overview .....	5
Assessment .....	6
Access.....	6
Structures/Systems .....	9
Education .....	10
Considerations and Conclusion.....	13
Appendix A: BCCSF: Administrative Data Report.....	15
Appendix B: BCCSF: Provider Survey Report.....	21
Appendix C: BCCSF: Providers Focus Groups Report .....	32
Appendix D: BCCSF: Key Informant Interviews Report .....	37
Appendix E: BCCSF: Beneficiaries Report.....	42

## EXECUTIVE SUMMARY

The Boone County Children's Services Board (BCCSB) contracted the MU Institute of Public Policy (IPP) to conduct an assessment of progress toward meeting the needs identified in the Community Input Report completed in July 2014. The MU Institute of Public Policy also identified any unmet needs pertaining to the eligible services provided by the BCCSB pursuant to relevant statute. Three themes were identified in the Community Input Report completed in 2014. Those themes are Access, Structures/Systems, and Education.

IPP gathered information for this assessment by reviewing administrative data, focus groups and surveys with providers, surveys with beneficiaries, and interviews with community stakeholders or key informants.

## FINDINGS

The following table summarizes the comparison of the findings from the 2014 Community Input Report and the current assessment.

2014 Report Findings	2019 Status	Change
<b>Access</b>		
Need to connect children and youth with services	Significant improvement	
Shortage of mental health service providers	Moderate improvement	
Long wait times for appointments	Moderate improvement	
Lack of child psychiatrists	Unchanged	
Need to increase home and family-based services	Moderate improvement	
Need to increase parenting skills and child development education	Unchanged	
Need for more intensive case management services	Moderate improvement	
<b>Structures/Systems</b>		
Lack of Health Insurance	Unchanged	
Medicaid billing difficulties	Unchanged	
<b>Education</b>		
Need to improve providers' education and knowledge	Moderate improvement	
Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community	Moderate improvement	
Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community	Moderate improvement	
Need to improve communication between parents and teachers	Moderate improvement	
Need to improve mental health education and awareness in schools	Moderate improvement	
Need to improve teacher classroom management skills	Unchanged	
Need to create a formalized system in schools focused on mental health	Significant improvement	
Need to increase mental health awareness in the community	Moderate improvement	
Need to decrease mental health stigma	Moderate improvement	

Data indicates that there has been significant improvement in providing access to mental health services for children, youth and families in Boone County, due to the funding provided by the Boone County Children's Services Board. There have also been significant improvements in the creation of a formal system in schools focused on the mental health needs of students.

There have also been moderate improvements in several other categories in Access and Education. There has been less progress in addressing the barriers to mental health needs associated with Structures and Systems.

## **BACKGROUND**

---

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Service Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board has been appointed by the County Commission and entrusted to oversee this Fund.

The Boone County Children's Services Board contracted with the Institute of Public Policy, Truman School of Public Affairs at the University of Missouri to conduct an assessment and evaluation of the progress toward meeting the needs identified in the Community Input Report, also completed by the Institute of Public Policy, in July 2014. IPP was also contracted to identify any unmet needs or gaps pertaining to eligible services.

In the original Community Input Report produced by the Institute of Public Policy, three general themes were identified from the input sessions. The themes are:

- Access, or the inability of an individual to acquire mental health, home and family-based services, and case management.
- Structures/Systems, or the policies, organizational structures, or systemic barriers to quality mental health services.
- Education, or the need for providers, school staff, parents, and community members to improve knowledge about mental health and emotional development, increase communication, and promotion of mental health awareness.

This report is organized around each of the three themes. For each theme, a progress, gap, and change analysis has been conducted. The report ends with a review of new and existing needs and assigns a priority level for each need.

It should be noted that this report provides an analysis and assessment of the perception of providers, beneficiaries and community stakeholders on the progress made toward addressing the needs identified in the first Community Input Report. This report does not analyze the quality of funded programs, or assess individual outcomes (behavior, attendance, stability) or community level outcomes (number of providers, waitlist times, and client follow-up).

## METHODOLOGY

---

The Institute used the following methods to determine the Board's progress toward the issues identified in the 2014 Community Input Report and identifying unmet needs. A full report was completed for each method and then synthesized for this final report. To see the full report for each method, please see the appropriate appendix:

- Review of Administrative Data – Appendix A
- Funded and not-funded provider surveys – Appendix B
- Funded and not-funded provider focus groups – Appendix C
- Key Informant Interviews- Appendix D
- Beneficiaries' surveys –Appendix E
  - Children 8-14
  - Youth 15-19
  - Parents of participants

The change analysis is based on a three point scale of: significant improvement, moderate improvement, and unchanged. Moderate improvement is defined as a degree of change less than significant but more than no change.

Two tiers of analysis were used for the change analysis. The first tier of information consisted of the key informant interviews, provider focus groups, and provider surveys. All the information in the first tier was given the same weight and consideration in the analysis. On the second tier was administrative data and beneficiaries surveys, this information was given less weight for the following reasons: Administrative data provides a measure of inputs (money) and outputs (#people served, # of programs). This data is a good measure of the size of the investment and the volume of people served, however it is not a great measure of progress. Beneficiary surveys were a point-in-time look at the perspectives of beneficiaries of the programs and were not fully representative of the entire population. The information from these surveys was still considered, but was in the second tier of analysis.

## OVERVIEW

---

The Boone County Children's Services Board began distributing collected revenue to eligible agencies in 2014. Since that time, the Board has allocated approximately \$29,268,892 in tax dollars to eligible agencies in Boone County. Among the statutorily eligible services the Board can fund, "prevention programs which promote healthy lifestyles among children and youth and strengthen families" is the category which is funded most frequently with 28 organizations providing these services through 42 programs.

From 2015-2018, more than 151,000 individuals in Boone County received eligible services from agencies funded by the Board. The most frequent age group served is 6 to 11 year old children, which had more than 41,000 children in that age group served over the 3-year period. Table 1 provides a full breakdown of funding, programs and clients by year.

**Table 1. Dollars, Programs, and Clients by Year**

	2015	2016	2017	2018
Dollars Allocated	\$4,132,102	\$9,870,401	\$9,294,214	\$5,972,175
Programs Funded	23	35	36	31
Total Reached*	23,469	36,012	45,155	46,532

\*May include duplicate clients served by more than one provider.

## ASSESSMENT

Three themes were identified in the Community Input Report completed in 2014. Those themes are Access, Structures/Systems, and Education. Each of those themes will be analyzed using the data collected to identify the impact on the theme and what challenges remain.

### ACCESS

The 2014 Community Input Report defined the issue of Access as community members not being able to acquire the following three priorities: mental health services, home and family-based services and case management. Additional issues related to Access include a shortage of providers, specifically child psychiatrists, long wait times and the need for improved parenting skills. See Table 2 for all Access issues identified in the 2014 Community Input Report.

**Table 2. 2014 Community Input Report Findings - Access**

2014 Community Input Report Findings
Access
Need to connect children and youth with services
Shortage in mental health services providers
Long wait times for appointments
Lack of child psychiatrists
Need to increase home and family-based services
Need to improve parenting skills and child development education
Need for more intensive case management services

### Progress Analysis

#### **Administrative Data**

When examining the administrative data for the Boone County Children's Services Fund, among the three themes, Access has the most funded programs with a total of 51. Within the Access category, home and family-based services have been funded the most with 22 programs.

#### **Provider Input**

Providers, both those funded by the BCCSB and those who are not currently funded, or have never been, had two mechanisms for providing feedback; surveys and focus groups. When asked specifically about

improved access to services, funders overwhelming indicated that they have seen an improvement due to BCCS funding.

Approximately 97% of funded providers said the BCCS fund has impacted their ability to serve children, youth and families in the county. Additionally, 86% of the providers said that the BCCS fund has helped them serve additional children, youth and families that they would not otherwise have been able to serve without the funding. Forty-nine providers or 91% said they were able to provide additional services that they would not otherwise have been able to provide. The most common additional service reported is family support and therapy.

The providers were asked to estimate how many additional individuals they were able to serve because of BCCS funding. A majority of providers estimated the number between 100-500 additional beneficiaries.

Providers also had overwhelming positive feedback on the impact they believe the BCCS funding has made in the community. Over 85% of the providers said that the Board was effective or somewhat effective at improving the lives of children, youth and families in the county. Approximately 79% of providers said that the Board was effective at investing in the creation of integrated systems for service and 80% said they are effective at maintaining those systems.

When asked to rate the Board's impact on the specific Access needs identified in the 2014 Community Input Report, more than half of providers said they believe the Board has had a large impact on: access to mental health services, access to home and family-based services, and access to case management. Fewer providers saw large impacts on access to child psychiatrists, and access to child development education.

Providers were also asked to rate their satisfaction with funding decisions by category of service. Funding decisions for mental health screenings (82%) professional counseling and therapy services (76%), community-based family intervention programs (76%), and prevention programming (71%) all had the highest levels of satisfaction. Funding decisions for temporary shelter (41%), respite care (41%) and services to unwed mothers (47%) had the lowest satisfaction scores, however each category also had high responses of "unknown".

Providers report they are serving more individuals, providing more in-depth services, bringing more services to clients, developing new partnerships, collecting more data, and putting more resources to address the mental health needs of children, youth, and families in the county.

### ***Key Informant Input***

Each key informant described his or her knowledge and experience with the Boone County Children's Services Fund and Board. All of the participants had at least heard of the Fund, or knew of programs funded by the Board. Some had extensive interactions with the Board, and funded programs and providers. The most recognized program was the Family Access Center of Excellence (FACE). In fact, in many cases, FACE was the only program the key informants could identify as a BCCSF funded program.

The most commonly cited impact of the Boone County Children's Services Fund was connecting children and youth to much needed mental health services in the county. Other common responses were expediting access to mental health services, decreasing wait times, successful early childhood intervention, more intensive case management, and processes which allow schools to work together.

Many of the key informants who participated in interviews felt the desire to express their gratitude for the resources provided by the Boone County Children's Services Fund in the community. Most key informants recognized an improvement in the provision of mental health services for children, youth and families in the county. Key informants recognize that the county is just at the beginning of a long road to improve individual and community mental health outcomes and are excited about steps toward continuous improvement.

### ***Beneficiaries' Input***

Children ages 8 to 14, youth ages 14 to 19, and parents of beneficiaries were all surveyed to gauge their perception of the BCCS funding program they attend. Approximately 69% of children and 81% of youth responded that they felt positive about attending the BCCS funded program. Almost all parents, 97%, indicated that they were satisfied with the services their children received.

Finally, parents were asked if they could identify any change in their children since they began attending the BCCSF funded program or seeing the BCCSF funded provider. Of the 67 respondents, 46% of parents stated that they have seen a large positive change and 42% participants stated they saw a small positive change.

### **Gap Analysis**

While there has been significant progress made toward providing more access and connecting children, youth, and families with services, there is still significant work to be done to improve access for all. Many children in the county are still without vital mental health services due to a variety of barriers and gaps.

The most significant barriers to access is parent engagement and parent knowledge and understanding of the mental health needs of their children. Parent engagement is often impacted by additional factors such as transportation, time, location, and resources. These barriers are especially prevalent in locations outside of Columbia. Another barrier to access is fear and stigma that families deal with when identifying a mental health need, connecting with public officials and agencies, and seeking assistance. These barriers are especially prevalent in immigrant and minority families.

The most significant gap to access is the availability of providers, especially child psychiatrists. While key informants indicate there has been some improvement, a shortage still remains and those shortages impact wait times for families in need.

Another gap that was mentioned frequently is the diversity and cultural competency in service delivery. There is concern that children and youth who visit a provider that has no staff that looks like them, or no person to identify with, will be less likely to engage in the program.

### **Change Analysis**

Based on the data and information collected from all sources, of all of the categories identified in the 2014 Community Input Report, Access has seen the most significant change. More children, youth and families are being served by the providers funded by the BCCS Board than were previously, more types of services and more in-depth services are also being provided. Providers, key informants and beneficiaries all identify an impact in the community due to BCCS funding.



There are four subcategories within Access which have seen moderate improvement since the 2014 report, those are: shortage in mental health providers, long wait times for appointments, the need to increase home and family-based services, and the need for more intensive case management services.

There are two subcategories that have remained unchanged since the 2014 report, those are: the lack of child psychiatrists and the need to improve parenting skills and child development education, see Table 3.

**Table 3. Change Analysis**

2014 Community Input Report Findings	2019 Status	Change
<b>Access</b>		
Need to connect children and youth with services	Significant improvement	
Shortage in mental health services providers	Moderate improvement	
Long wait times for appointments	Moderate improvement	
Lack of child psychiatrists	Unchanged	
Need to increase home and family-based services	Moderate improvement	
Need to improve parenting skills and child development education	Unchanged	
Need for more intensive case management services	Moderate improvement	

## STRUCTURES/SYSTEMS

The 2014 Community Input Report defined the issue of Structures/Systems as the issues that were a result of systemic barriers. Lack of health insurance and Medicaid billing difficulties were the most frequently cited systemic barriers to mental health access in the county, see Table 4.

**Table 4. 2014 Community Input Report Findings – Structures/Systems**

<b>2014 Community Input Report Findings</b>
<b>Structures/Systems</b>
Lack of Health Insurance
Medicaid billing difficulties

## Progress and Gap Analysis

### **Administrative Data**

There are 25 programs delivered by 15 organizations that focus on systems and structures. Most of those programs deal with “billing difficulties for vital services”. Others address the lack of health insurance or serving underinsured populations and assistance with navigating Medicaid.

### **Provider Input**

Approximately 45% of funded providers in the county use a portion of their BCCS funds to assist families to obtain benefits such as Medicaid, childcare subsidies, and food stamps. Providers identified the lack of insurance as an ongoing systems issue. Many families have high deductible plans and do not want services billed to insurance.

One provider also mentioned the barriers associated with getting clinicians paneled. Several providers mentioned they experience significant employee turnover, low wages, and trouble filling open positions as other barriers.

Providers also mentioned a systemic challenge of the lack of a strong network between providers to build trust and create efficiencies. Many providers still feel that they are in competition with each other and that very little trust exists among providers in the county.

### **Key Informant Input**

In the interviews with key informants, no participants indicated that they had seen a change in structure or systems issues that were identified in the 2014 Community Input Report. Many indicated that insurance and billing hurdles were ongoing and a frustration to both clients and providers.

### **Change Analysis**

Based on the data and information collected from all sources, the category of Structures and Systems has seen very little or no change, see Table 5.

**Table 5. Change Analysis – Structures/Systems**

2014 Community Input Report Findings	2019 Status	Change
<b>Structures/Systems</b>		
Lack of Health Insurance	Unchanged	
Medicaid billing difficulties	Unchanged	

### **EDUCATION**

The 2014 Community Input Report defined the issue of Education as the need for providers, school staff, parents, and community members to improve knowledge about mental health and emotional development, increase communication, and promotion of mental health awareness, see Table 6.

There are three predominate questions within this category: 1) Are providers educated about child development and mental health resources? 2) Are parents, schools, and the community educated about child development and mental health resources? 3) What is the status of mental health stigma in the county?

**Table 6. 2014 Community Input Report Findings –Education**

2014 Community Input Report Findings
<b>Education</b>
Need to improve providers' education and knowledge
Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community
Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community
Need to improve communication between parents and teachers
Need to improve mental health education and awareness in schools
Need to improve teacher classroom management skills
Lack of formalized system in schools focused on mental health

Need to increase mental health awareness in the community
Need to decrease mental health stigma

## Progress and Gap Analysis

### ***Administrative data***

There are 31 BCCS funded programs which provide services in Education. The largest number of programs focus on improving the education of parents. Fewer programs focus on improving the education of school staff and mental healthcare providers.

### ***Providers***

Providers indicated that they have seen some improvement in education among consumers in the community, but there continue to be gaps. Many consumers are more educated about the availability of resources, but there is still a large population with no knowledge. Specifically, more than half of providers indicated that they have seen the most significant impacts in mental health education in the schools and awareness in the community, but many indicated those are moderate or small impacts.

Other categories with predominately moderate or small impacts were: knowledge of appropriate emotional development for children and teens, knowledge and understanding of appropriate mental health needs for children and teens, and communication between parents and teachers.

Providers did indicate that they think BCCSF has had a moderate impact on mental health stigma, however this question received the fewest ratings of “large impact”, and a high “unknown” response.

### ***Beneficiaries***

A little over half (53%) of the parents surveyed knew that their children’s services were funded by the Boone County Children’s Services Fund. Even among beneficiaries of the funding, there is a lack of education of BCCS funded programs.

### ***Key Informants***

Among the key informants there were few that saw a change in teacher and classroom management skills and many indicated that there were inconsistencies among teachers and schools. Some administrators did report that they had found professional development offered to teachers was helpful.

The most significant change in this category reported by key informants is the creation of a formal system in schools focused on mental health. Many of the key informants were pleased with the progress made by the creation of a formal system and anticipate improved student and community outcomes.

Responses from key informants regarding mental health awareness and stigma saw the most mixed responses. Many think parent and community education has improved moderately, but that there is a lot of work to be done. Some key informants perceived an impact on mental health stigma, while others feel they have seen little progress and that stigma and fear has continued to grow among populations in the community.

## Change Analysis

Based on the data and information collected from all sources, the category of Education has seen moderate improvement, see Table 7.

The most significant improvement was seen in the creation of a formal system in schools focused on mental health. All other categories, except for one have seen a moderate improvement since the 2014 Community Input Report. The one category that has gone unchanged, based on the information collected for this report, is the need to improve teacher classroom management skills.

**Table 7. Change Analysis – Education**

2014 Community Input Report Findings	2019 Status	Change
Education		
Need to improve providers' education and knowledge	Moderate improvement	
Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community	Moderate improvement	
Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community	Moderate improvement	
Need to improve communication between parents and teachers	Moderate improvement	
Need to improve mental health education and awareness in schools	Moderate improvement	
Need to improve teacher classroom management skills	Unchanged	
Need to create a formalized system in schools focused on mental health	Significant improvement	
Need to increase mental health awareness in the community	Moderate improvement	
Need to decrease mental health stigma	Moderate improvement	

## CONSIDERATIONS AND CONCLUSION

---

The findings of this review and assessment indicate that the Boone County Children's Board has had an impact on many of the barriers identified in the July 2014 Community Input Report. More children, youth, and families are receiving a greater depth and breadth of services. However, there is still a lot of work to still be done in each of the main themes of Access, Structures/Systems, and Education.

Based on the data compiled in this report, the following Table identifies new needs and those that still exist, see Table 8.

<b>Access</b>
Need to increase parent engagement
Need to increase parenting skills and child development education
Need to remove barriers to access such as transportation, location, time, and resources
Need to increase cultural competency among providers
Need to address the lack of child psychiatrists
Need to address the shortage of mental health providers
Need to decrease wait times for appointments
Need to increase home and family-based services
Need for more intensive case management services
<b>Structures and Systems</b>
Lack of Health Insurance
Medicaid billing difficulties
<b>Education</b>
Need to improve teacher classroom management skills
Need to increase mental health awareness in the community
Need to decrease mental health stigma
Need to improve communication between parents and teachers
Need to improve knowledge and understanding of appropriate emotional development for children and teens in schools and the community
Need to improve knowledge and understanding of appropriate mental health needs for children and teens in schools and community

When the data and information collected for this report is analyzed in three stages of implementation: Development, Strategic Refinement, and Expansion, the BCCSB is currently in the Development stage. This stage consists of designing, implementing, and improving systems and processes for the selection of funding recipients and the disbursement of funds. In the next stage, Strategic Refinement, the Board could utilize data collected in the development stage to make strategic and targeted funding decisions. These decisions should be designed to address ongoing issues and reach specific goals. There are children, youth, and families that are not taking full advantage of the mental health resources available to them as taxpayers in the county. By using existing data to identify gaps and barriers in mental health services and make strategic investments, the Board can have an impact on these harder to reach individuals.

In the final stage of implementation, Expansion, the Board can continue to fine tune their investments to make the largest impact. Additionally, the Board could consider opportunities to scale up successful

programs to increase their reach, strengthen and diversify partnerships, and continue research into best practices and model programs.

## APPENDIX A: BCCSF: ADMINISTRATIVE DATA REPORT

---

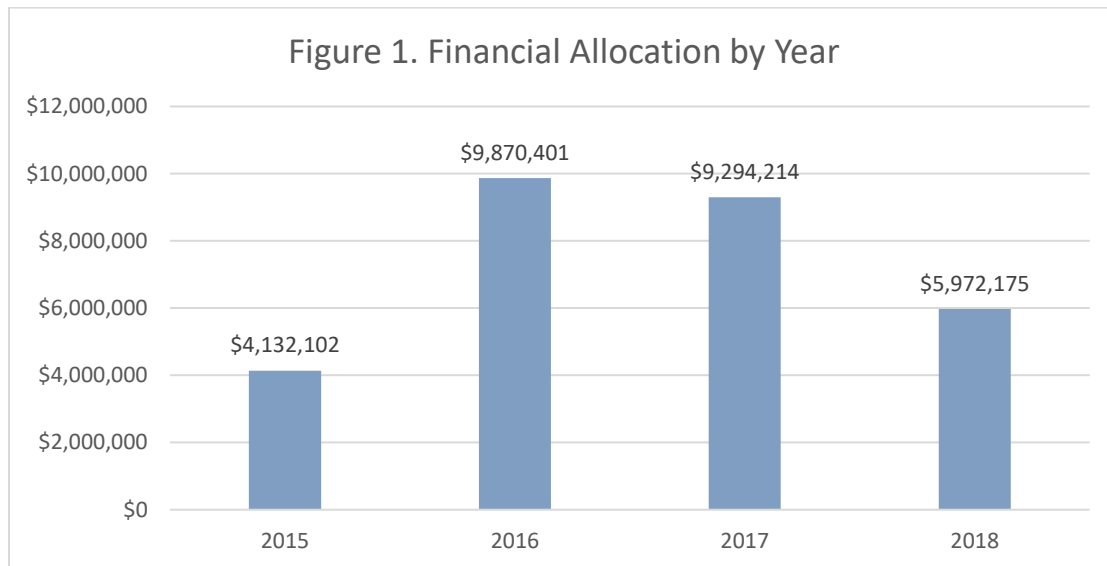
### FINDINGS

- Since 2014, Boone County Children’s Services Board has allocated approximately \$29,268,892 in tax dollars.
- The highest annual allocation was in 2016, with more than \$9.8 million allocated to 35 programs that served 36,012 individuals in Boone County.
- From 2015-2017, a total of 151,168 individuals have been reached by services funded by the Boone County Children’s Services Fund.
- The most frequent age group served is 6 to 11 years old, with a total of 41,313 children in that age group served over the course of 3 years.
- The next most frequent users are youth, ages 15-19, with 19,477 clients served and 12-14 year olds with 19,030 served.
- A total of 13,263 children under age 5 were served during the three year time period.
- Among the statutorily eligible programs the Board can fund, “prevention programs which promote healthy lifestyles among children and youth and strengthen families” is the category which is funded the most with 28 organizations providing these services through 42 programs.
- In the original Community Input Report produced by the Institute of Public Policy, three general themes were identified from the input sessions:
  - Access
  - Systems and Structures
  - Education
- Among the three themes, Access has the most funded programs with a total of 51. Within the Access category, home and family based services have the most funded programs at 22.
- There are 25 programs that focus on Systems and Structures. They are delivered by 15 organizations. The category with the most funded programs within systems/structures is “billing difficulties for vital services.”
- There are 31 programs which provide services in Education. The largest number of programs (15) is focused on improving the education of parents.

## SUMMARY REPORT

### Finances

Since 2014, Boone County Children’s Services Board has allocated approximately \$29,268,892 in tax dollars to programs and organizations who participated in a competitive proposal process. Each of the programs is providing at least one of the eleven statutorily eligible services. These funds, according to the Board’s bylaws are, “allocated for the purpose of providing services to protect the well-being and safety of children and youth nineteen years of age or less and to strengthen families.”



As seen in Figure 1, the highest annual allocation was in 2016, with more than \$9.8 million allocated to 35 programs that served 36,012 individuals in Boone County. In 2017, the financial allocation was more than \$9.2 million and more programs (36) and more people (45,155) were served, see Table 1.

**Table 1. Dollars, Programs, and Clients by Year**

	2015	2016	2017	2018
Dollars Allocated	\$4,132,102	\$9,870,401	\$9,294,214	\$5,972,175
Programs Funded	23	35	36	31
Total Reached*	23,469	36,012	45,155	46,532

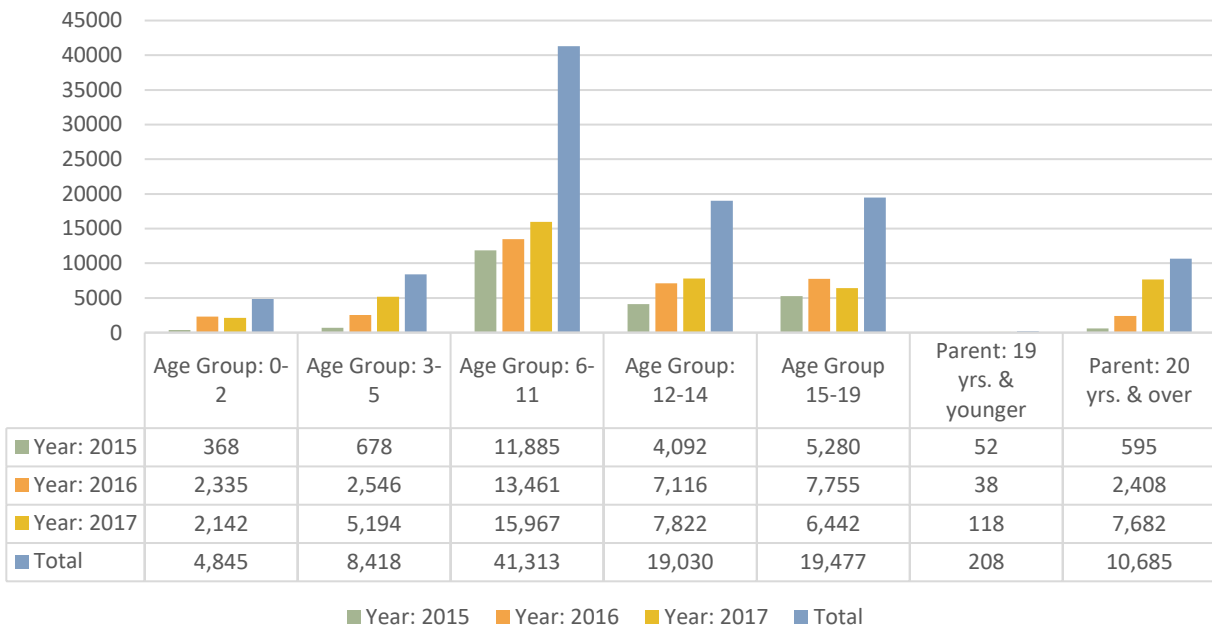
\*May include duplicate clients served by more than one provider.

### Participants

From 2015-2018, a total of 151,168 individuals have been reached by services funded by the Boone County Children’s Services Fund. The number of people using the programs grew progressively through the years, starting in 2015 with a total of 23,854 program users. Participation grew to a total of 36,012 program users in 2016, and 45,155 program users in 2017. The most frequent age group served is 6 to 11 years old, with a total of 41,313 children in that age group served over the course of 3 years, see Figure 2. The next most frequent users are youth, ages 15-19, with 19,477 clients served and 12-14 year olds with 19,030 served. Approximately 208 young parents or guardians have been served and 10,685 parents over 20 years old. A total of 13,263 children under age 5 were served during the three year time period.



Figure 2. Number of Individuals Served by Age Group

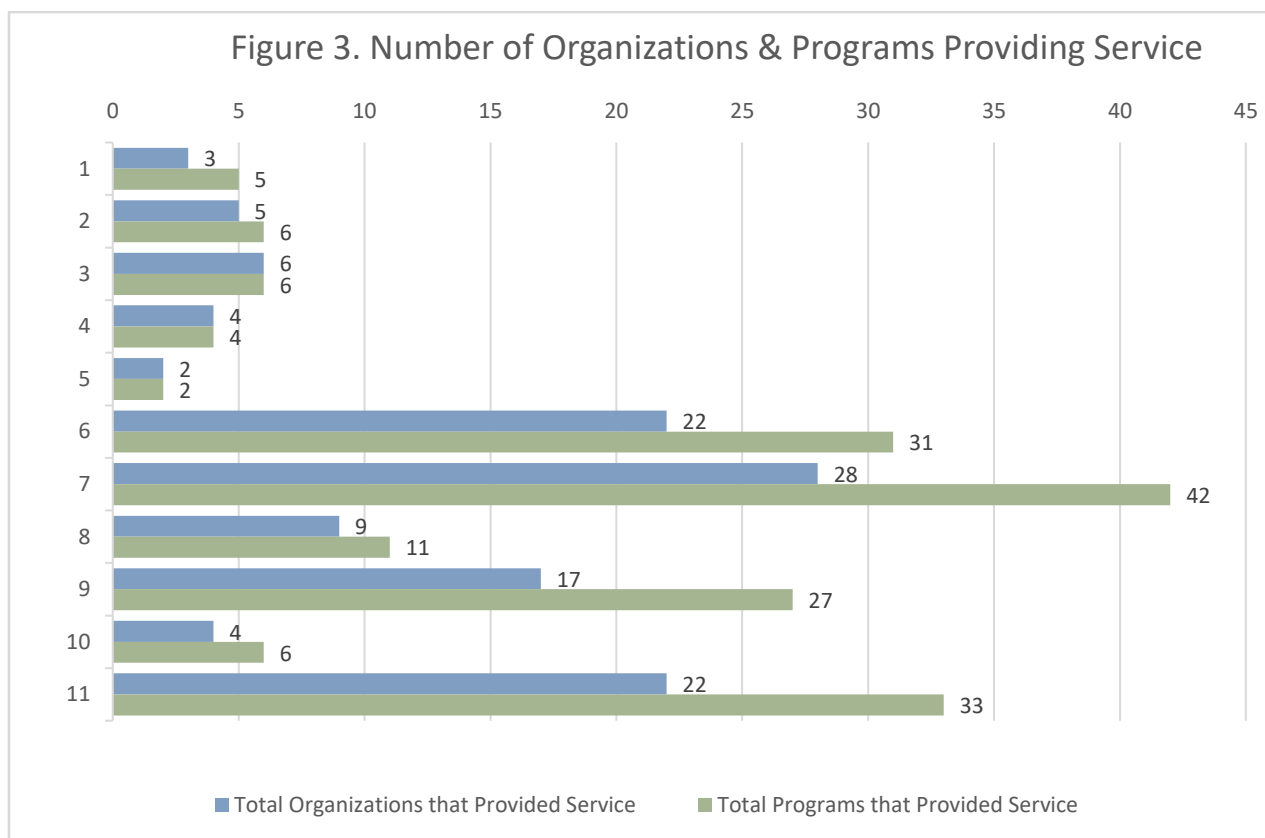


## Services

There are 11 statutorily eligible services funded by the Boone County Children's Services Fund.

1. Up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
2. Respite care services
3. Unmarried parent services
4. Outpatient chemical dependency and psychiatric treatment programs
5. Counseling and related services as a part of transitional living programs
6. Home-based and community-based family intervention programs
7. Prevention programs which promote healthy lifestyles among children and youth and strengthen families
8. Crisis intervention services, inclusive of telephone hotlines
9. Individual, group, or family professional counseling and therapy services
10. Psychological evaluations
11. Mental health screenings

Each program funded by Boone County Children's Services Fund is required to provide services within at least one of these categories. Prevention programs which promote healthy lifestyles among children and youth and strengthen families is the category which is funded the most with 28 organizations and 42 programs providing these services. Counseling and related services as a part of transitional living programs was the least funded with two organizations and two programs in this category, see Figure 3.

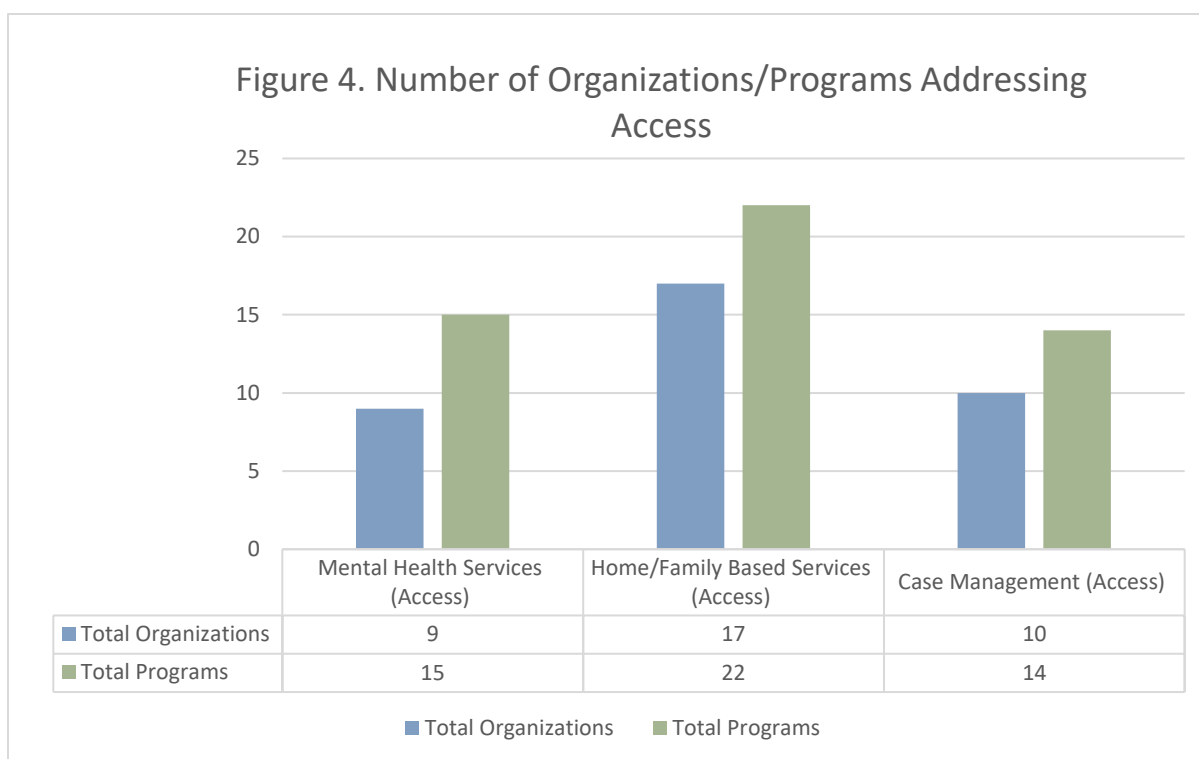


## Themes

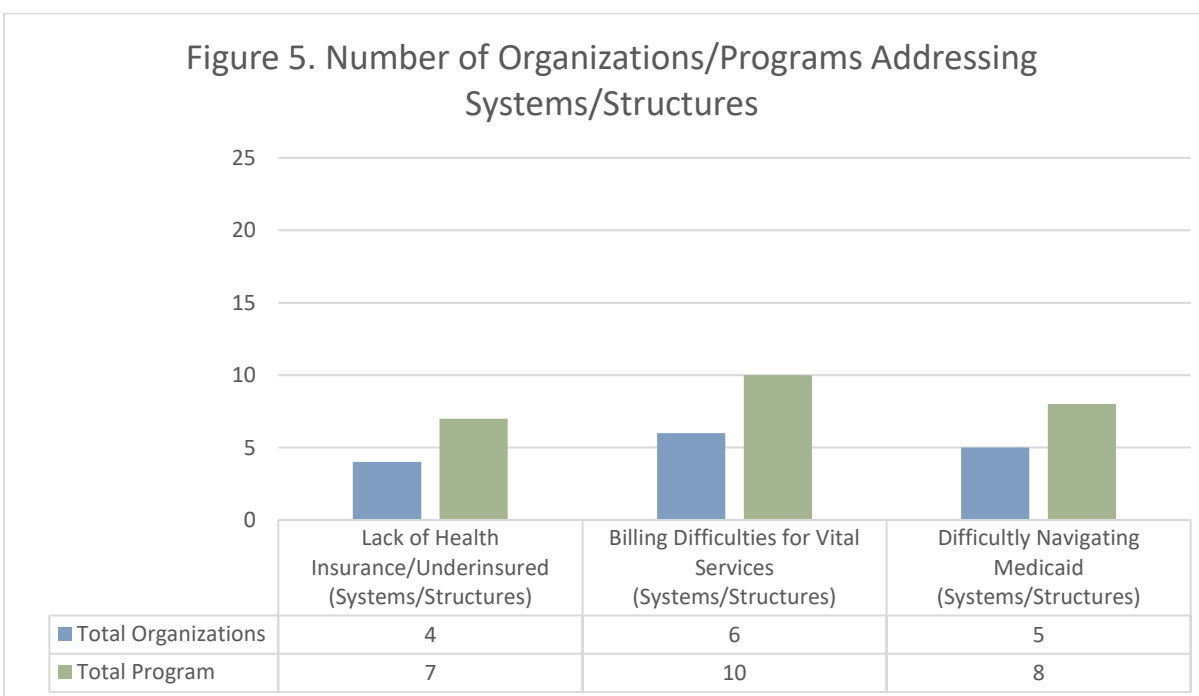
In the original Community Input Report produced by the Institute of Public Policy, three general themes were identified from the input sessions. The themes are:

- Access, or the inability of an individual to acquire mental health, home and family-based services, and case management.
- Structures/Systems, or the policies, organizational structures, or systemic barriers to quality mental health services.
- Education, or the need for providers, school staff, parents, and community members to improve knowledge about mental health and emotional development, increase communication, and promotion of mental health awareness.

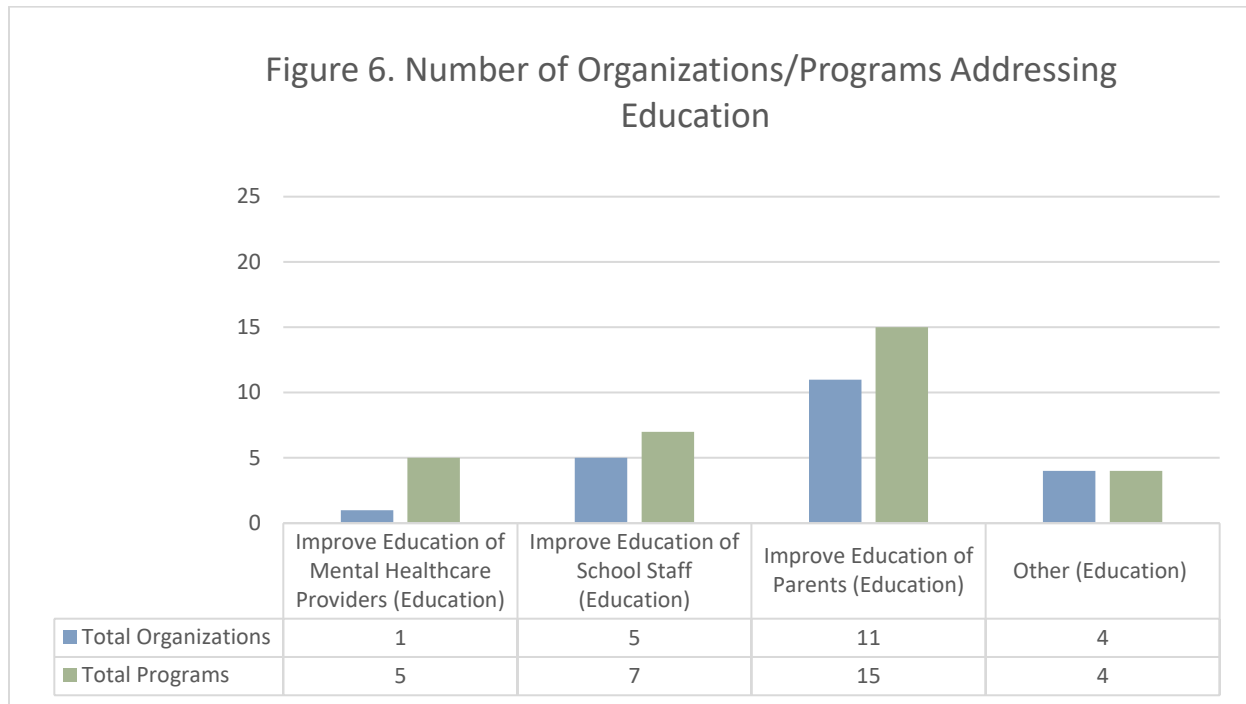
The programs funded by the Boone County Children’s Services Fund are categorized based on these themes. Among the three themes, Access has the most funded programs with a total of 51. Within the Access category, “home and family based services” have the most funded programs at 22 and organizations with 17, see Figure 4.



There are 25 programs that focus on Systems and Structures. They are delivered by 15 organizations. The category within Systems and Structures with the most funded programs is “billing difficulties for vital services,” see Figure 5.



There are 31 programs which provide services in Education. The largest number of programs (15) is focused on “improving the education of parents,” see Figure 6.



## APPENDIX B: BCCSF: PROVIDER SURVEY REPORT

---

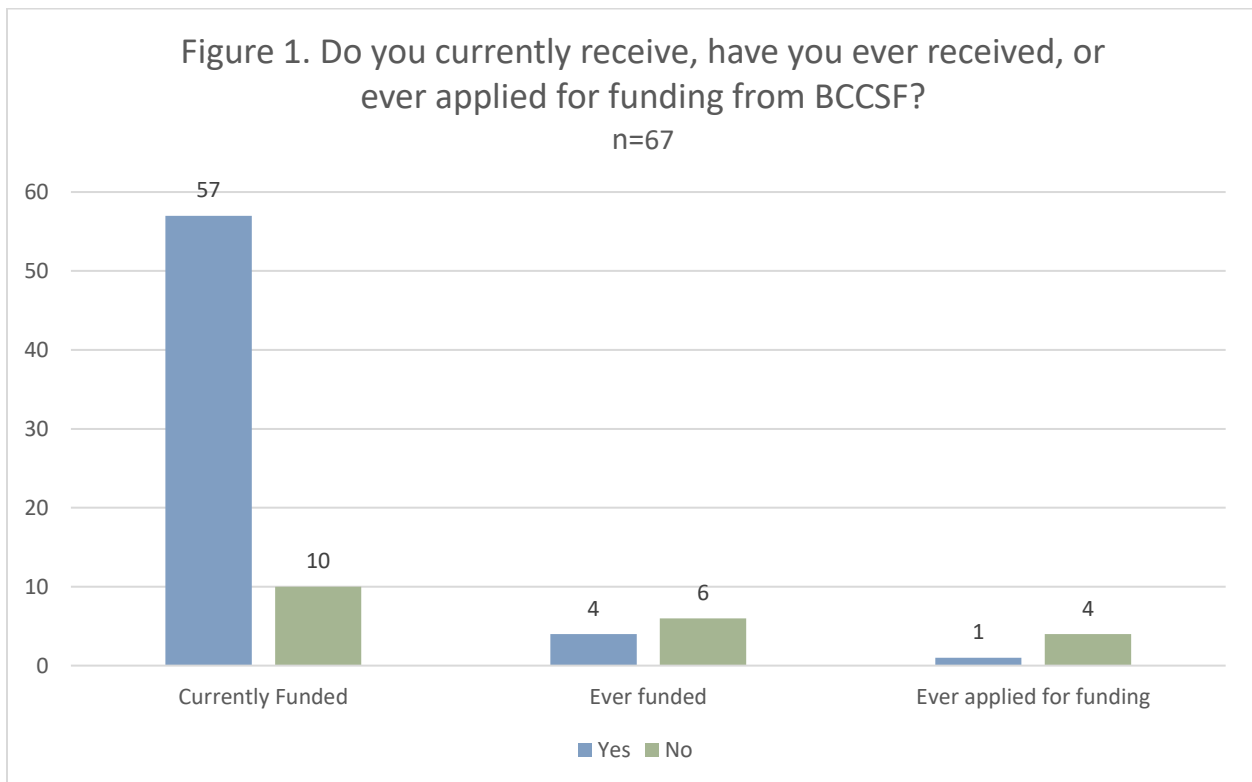
### FINDINGS

- Sixty-seven providers participated in the BCCSF provider survey. Of these providers, 57 are currently funded by the Board.
- Approximately 97% of funded providers said the BCCSF fund has impacted their ability to serve children, youth and families in the county.
- Forty-eight or 86% of the providers said that the BCCSF fund has helped them serve additional children, youth and families that they would not otherwise have been able to serve without the funding.
- Thousands of children and youth are being served by providers of BCCSF funded programs.
- Forty-nine providers or 91% said they were able to provide additional services that they would not otherwise have been able to provide. The most common additional service reported is family support and therapy.
- More than half of the providers (55%) that responded to the question say that they do not assist families to obtain the benefits, while less than half do (45%) as part of the services that they provide.
- Over 85% of the providers said that the Board was effective or somewhat effective at improving the lives of children, youth and families.
- Approximately 79% of providers said that the Board was effective at investing in the creation of integrated systems for service and 80% said they are effective at maintaining those systems.
- Funding decisions for mental health screenings (82%) professional counseling and therapy services (76%), community-based family intervention programs (76%), and prevention programming (71%) all had the highest levels of satisfaction.
- Funding decisions for temporary shelter (41%), respite care (41%) and services to unwed mothers (47%) had the lowest satisfaction scores.
- Participants were asked to provide feedback on the impact BCCSF has had on key issues of access, structures and systems, and education. In half of twelve issue areas, at least 50% of providers reported a large impact.

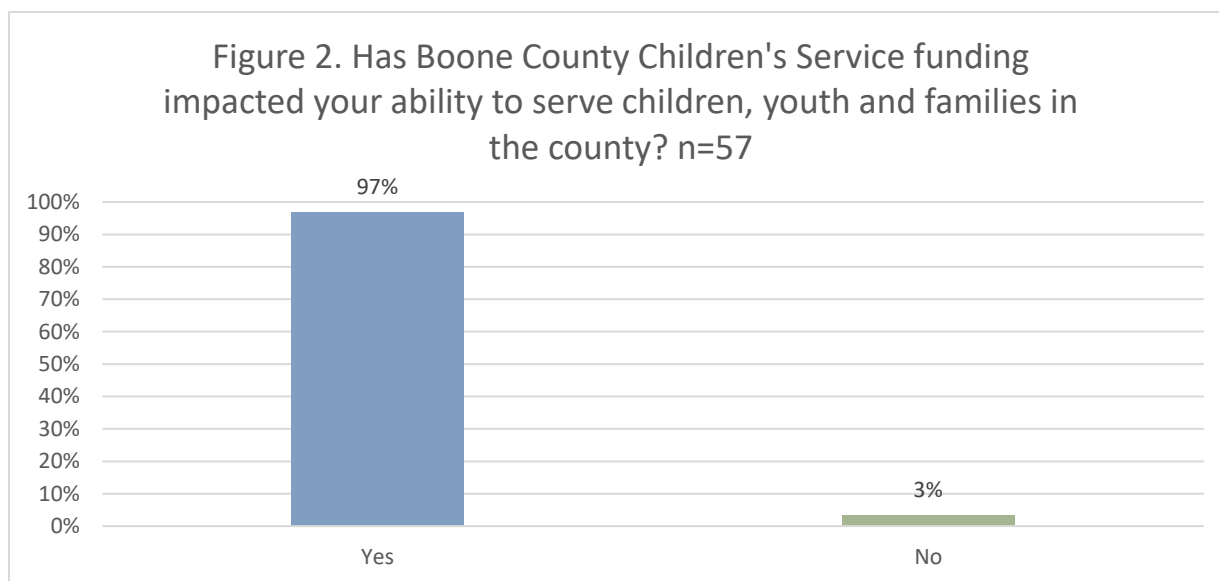
## SUMMARY REPORT

The MU Institute of Public Policy conducted a provider survey to gather opinions and perspectives regarding the Boone County Children's Services Fund and Board. Sixty-seven providers participated in the survey. Of these providers, 57 are currently funded by the Board and the other ten are either not currently funded, have never been funded, or never applied for funding. All participants completed the survey online via Qualtrics.

A majority of survey participants, 57 or 85%, are currently funded by the Boone County Children Service Fund. Less than 15% of the providers are either not currently funded, never funded or never applied for funding.



The providers who indicated they are currently funded, or have been funded in the past were asked if the Boone County Children's Services funding impacted their ability to serve children, youth, and families in the county? Approximately 97% said the BCCSF fund has impacted their ability to serve children, youth and families in the county. Only 3% of the providers feel the BCCS fund has no impact on their ability to serve children, youth and families in the county, see Figure 2.



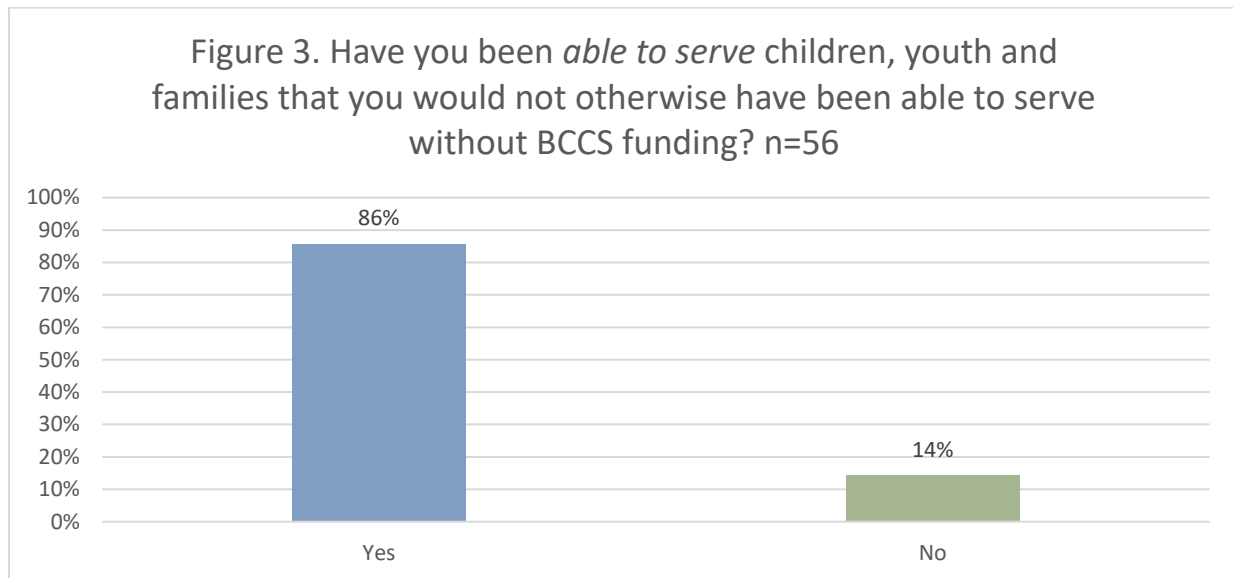
For those providers who responded that BCCSF has impacted their ability to serve children, youth, and families, they were asked to describe how. The most common response was providers were able to expand the reach of their programs. Other common responses were the ability to serve more families, provide better services to the community, access additional resources and support social and emotional development of the children and youth they serve. See Table 1 for all responses from the provider survey.

**Table 1. Impact**

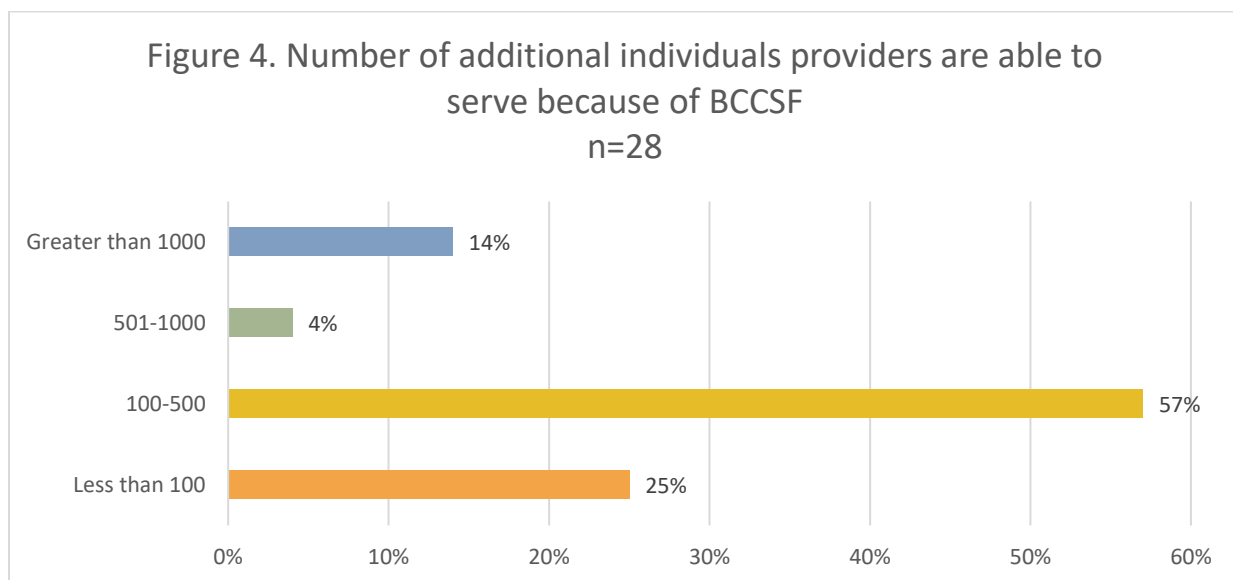
Themes	Number of responses
Expand the reach of program	14
Serve more families	8
Serve the community better	6
Access to resources	5
Supports child's social and emotional development	5
Develop new programs	3
Collaboration	2
Healing of abused children	1
Devote more time to serve	1
Reach the younger population	1
Relieved some fundraising efforts	1

Next, providers were asked if they were able to serve additional children, youth and families that they would not otherwise be able to serve and to estimate the number of additional individuals they are able to serve because of BCCSF.

Forty-eight or 86% of the providers said that the BCCSF has helped them serve additional children, youth and families that they would otherwise have been able to serve without the funding, see Figure 3.

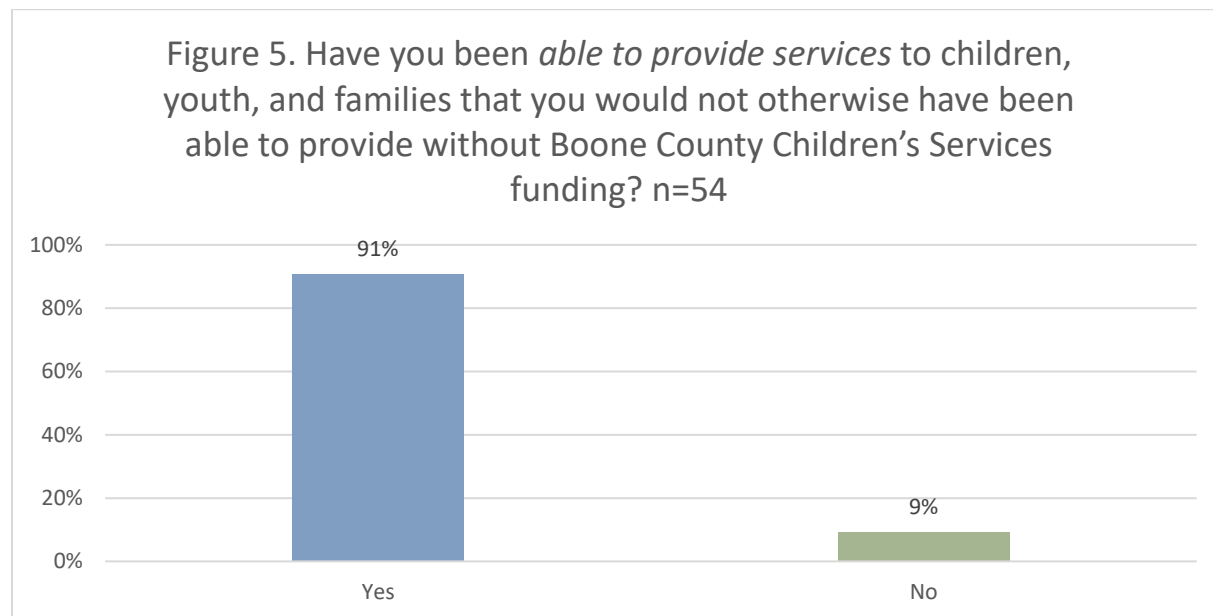


Of the twenty-eight providers who responded with estimates, 57% are serving 100-500 new clients, and 14% are serving more than 1,000 new clients, see Figure 4.





The next question asked providers if they were able to provide additional services because of BCCS funding. Forty-nine providers or 91% said they were able to provide additional services that they would not otherwise have been able to provide, see Figure 5.



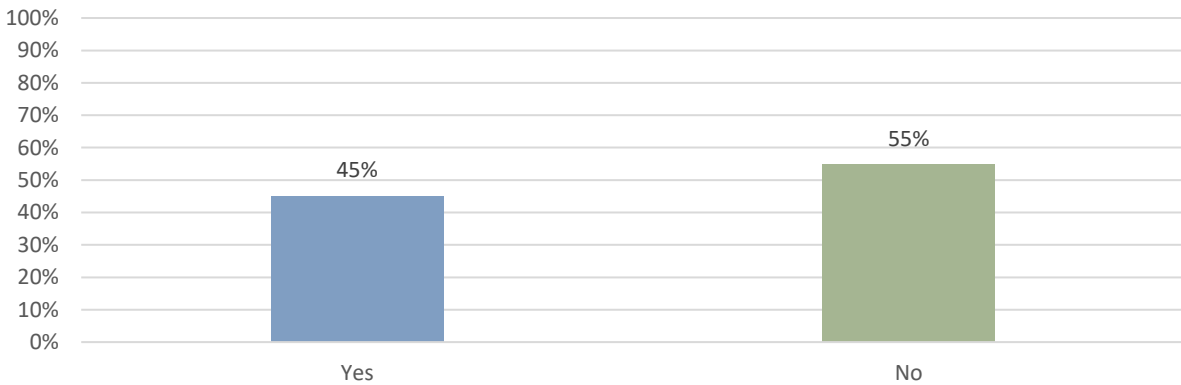
Those additional services include family support and therapy, case management, mental health services, youth development, home and community based therapy and therapeutic mentoring. For all additional services see Table 2.

**Table 2. Additional Services**

Themes	Number of responses
Family support and therapy	10
Case management	8
Mental health	5
Youth development	4
Home and community-based therapy	3
Therapeutic mentoring	2
Referral to support services	2
Teacher training	2
Respite care	2
Counseling	2
Screening	2
Out of school programming	1
Technology based trauma interventions	1

Providers were asked specifically if their organization assists families to obtain benefits such as Medicaid, childcare subsidies and food stamps. More than half of the providers (55%) that responded to the question say that they do not assist families to obtain the benefits, while less than half do (45%) as part of the services that they provide.

Figure 6. As part of the services funded by the county, does your organization assist families to obtain benefits such as Medicaid, childcare subsidy, and food stamps? n=51

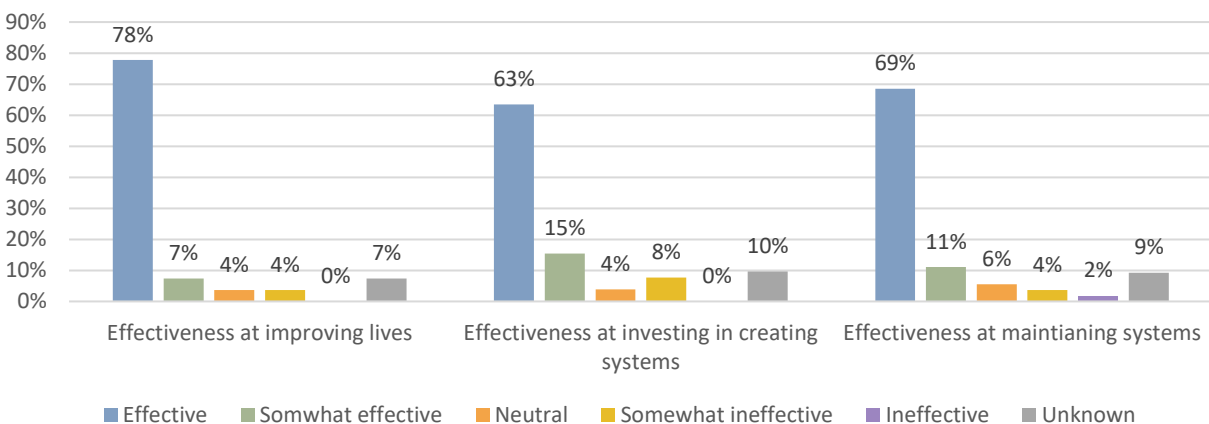


In the next survey section, providers were informed of the mission of the Boone County Children's Services Board and asked to rate the board's effectiveness in fulfilling that mission.

*Mission: To improve the lives of children, youth and families in Boone County by strategically investing in the creation and maintenance of integrated systems that deliver effective and quality services for children and families in need.*

Over 85% of the providers said that the Board was effective or somewhat effective at improving the lives of children, youth and families. Slightly lower percentages were given for effectiveness of investing in the creation of integrated systems for service, 79%, and effectiveness of maintaining those systems, 80%, see Figure 9.

Figure 7. Effectiveness of the BCCSF Board  
n=54



Providers were also asked to report on their satisfaction level with funding decisions made in the last 5 years by category. Mental health screenings (82%) professional counseling and therapy services (76%), community-based family intervention programs (76%), and prevention programming (71%) all had the highest levels of satisfaction. Temporary shelter (41%), respite care (41%) and services to unwed mothers (47%) had the lowest satisfaction scores. In each of the lowest scoring categories, almost 45% of the providers did not know about funding for those categories and answered “unknown.” See Figures 8a-8c for satisfaction rates for all funded service categories.

Figure 8a. Level of satisfaction with funding decisions

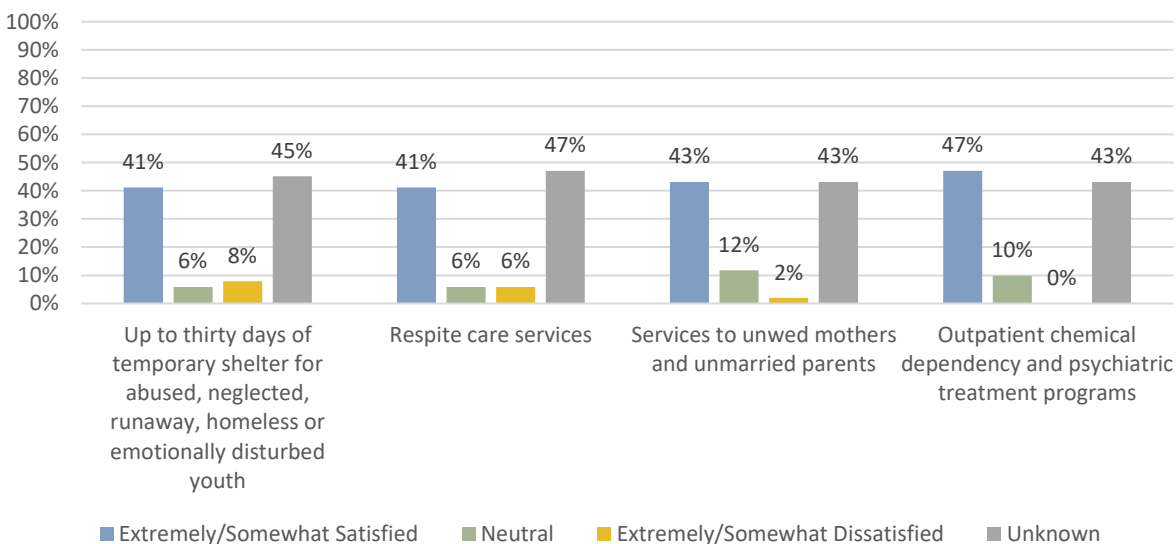
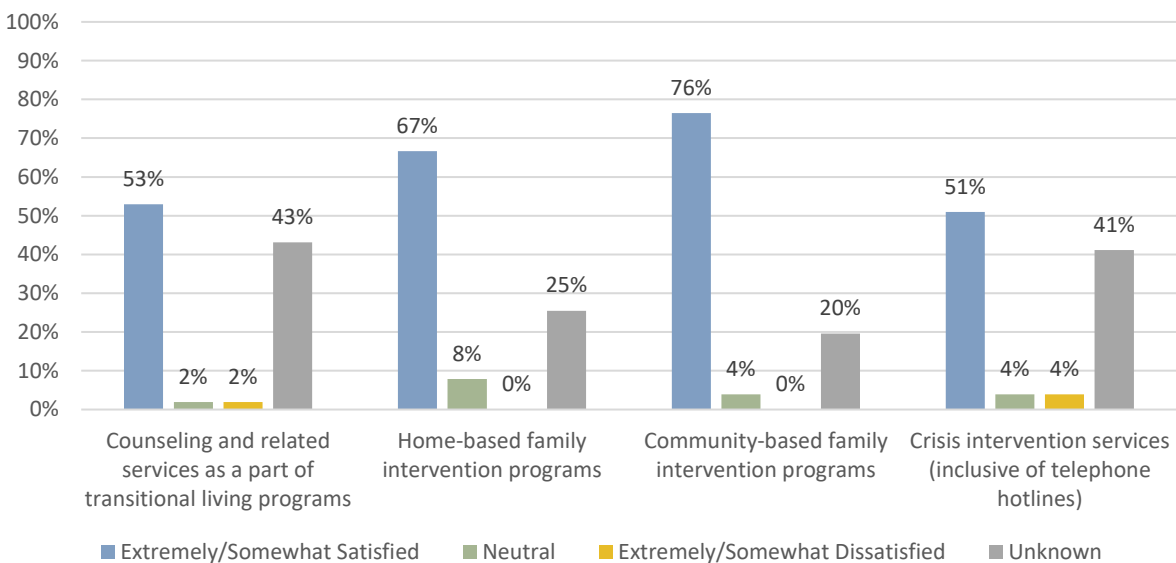
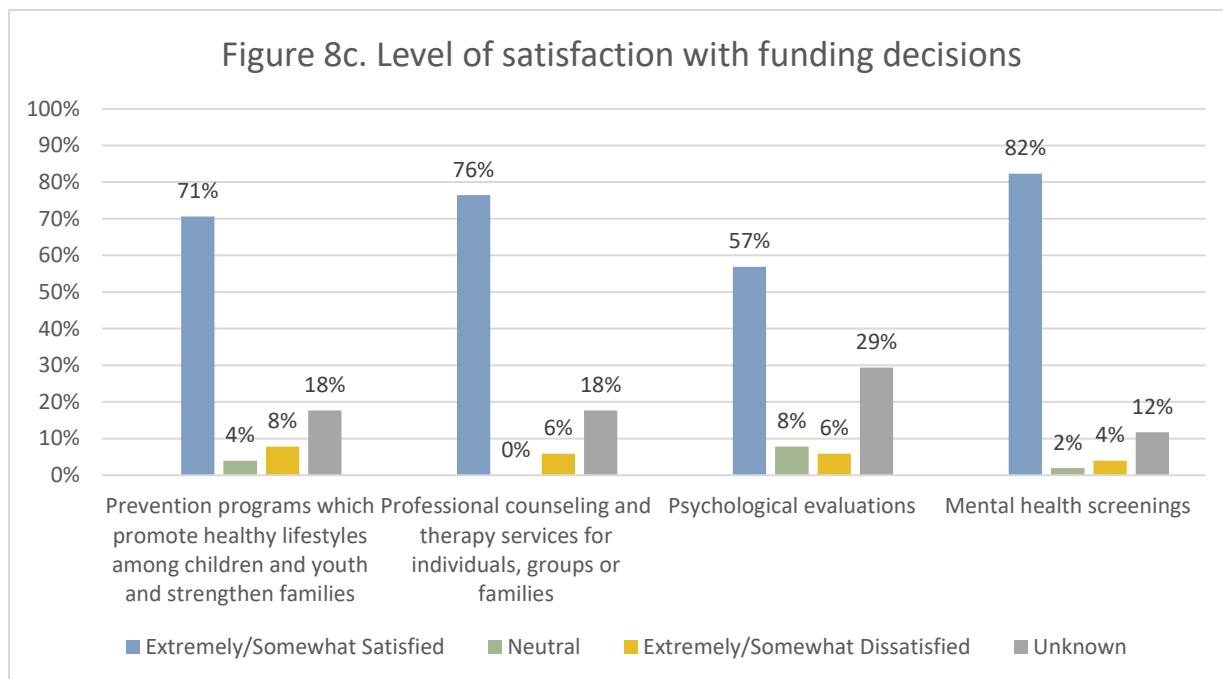
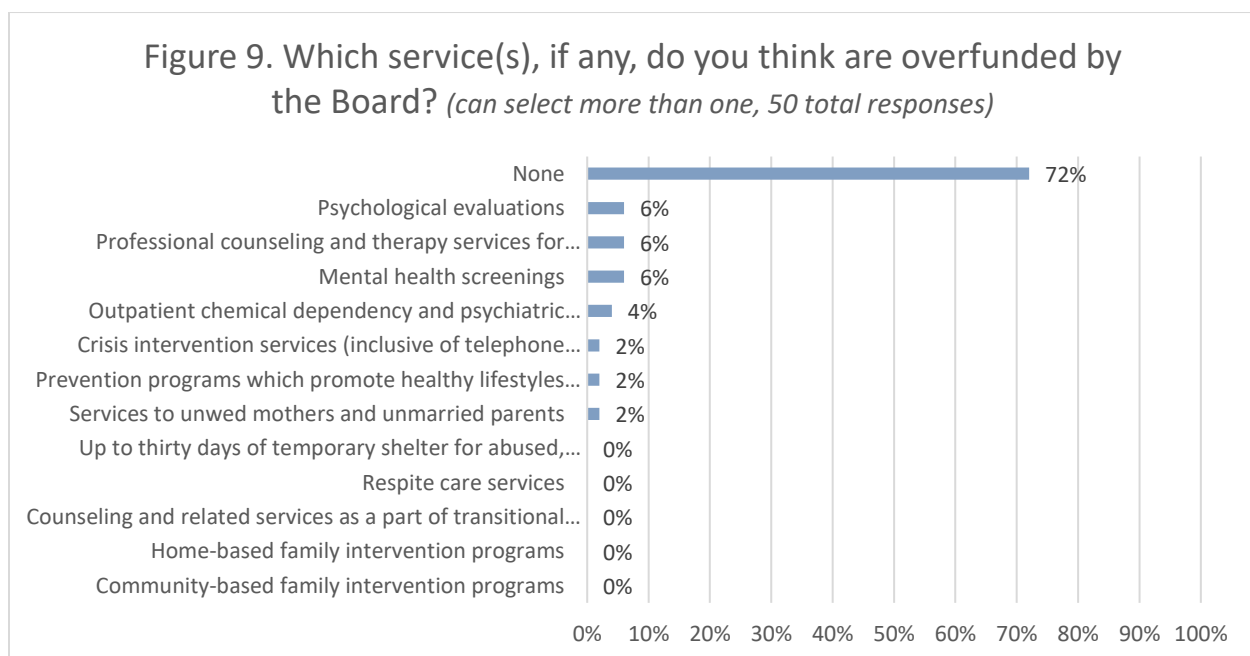


Figure 8b. Level of satisfaction with funding decisions

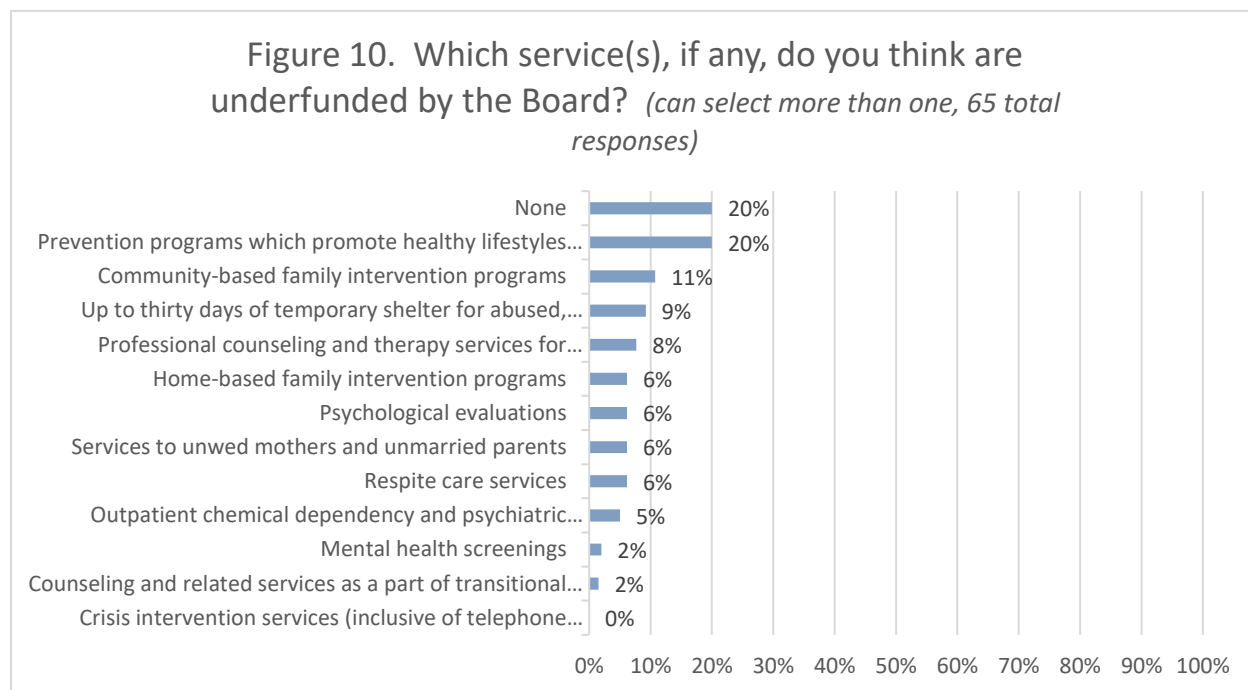




Providers were asked if they felt any services were overfunded by the BCCSF Board. A clear majority, 72% said that they thought no services were overfunded. The few categories that were identified, by very few respondents, as overfunded included psychological evaluation, professional counseling, and mental health screenings, see Figure 9.



Many more providers identified service categories that they felt are underfunded. While 20% of responses were that no service is underfunded, 20% of responses identified prevention programs as overfunded. Community-based family intervention programs were identified by seven or 11% of responses as overfunded. See Figure 10 for all responses.



Participants were asked to provide feedback on the impact BCCSF has had on key issues of access, structures and systems and education. In six categories, at least 50% of providers reported a large impact, those categories include: Access to mental health services, access to home and family based services, access to parenting skills services, access to case management, mental health education and awareness in schools, and mental health education and awareness in the community. Mental health stigma was the category with the least amount of change with only 33% reporting a large impact. Responses for all categories can be found in the following Figures 11a-11c.

Figure 11a. What level of impact do you think the BCCSF has made in the past 5 years, by category? n=43

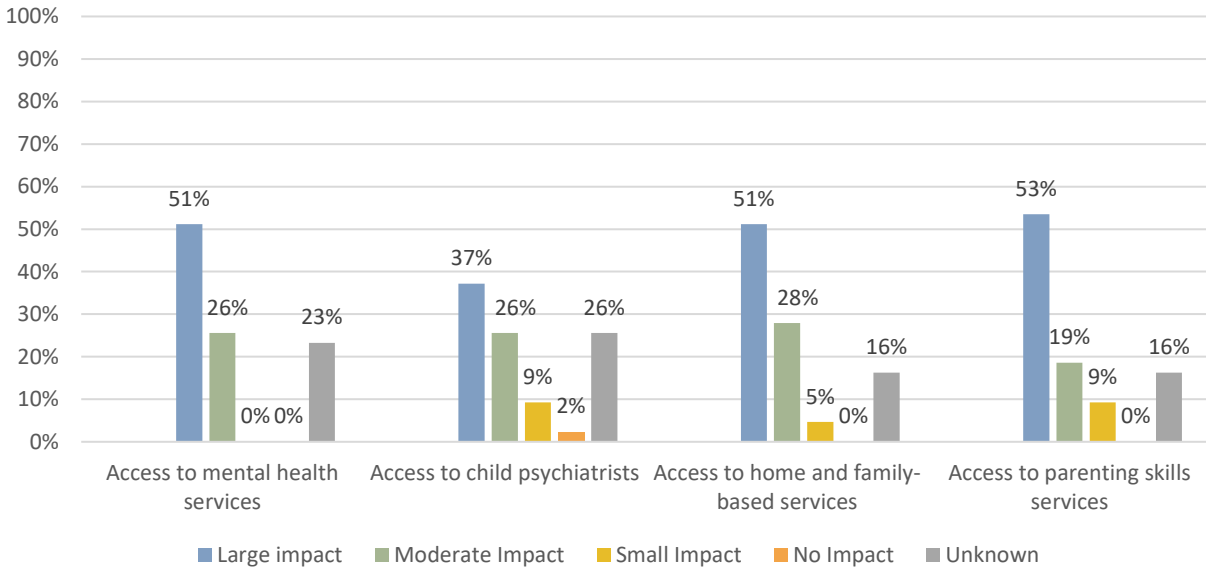


Figure 11b. What level of impact do you think the BCCSF has made in the past 5 years? n=43

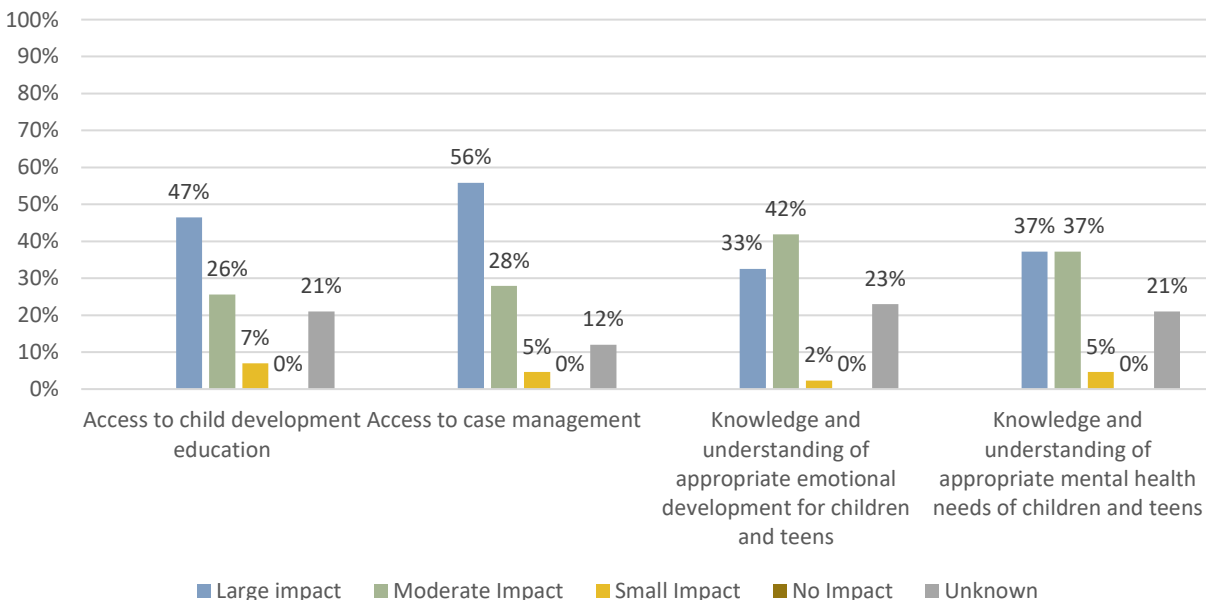
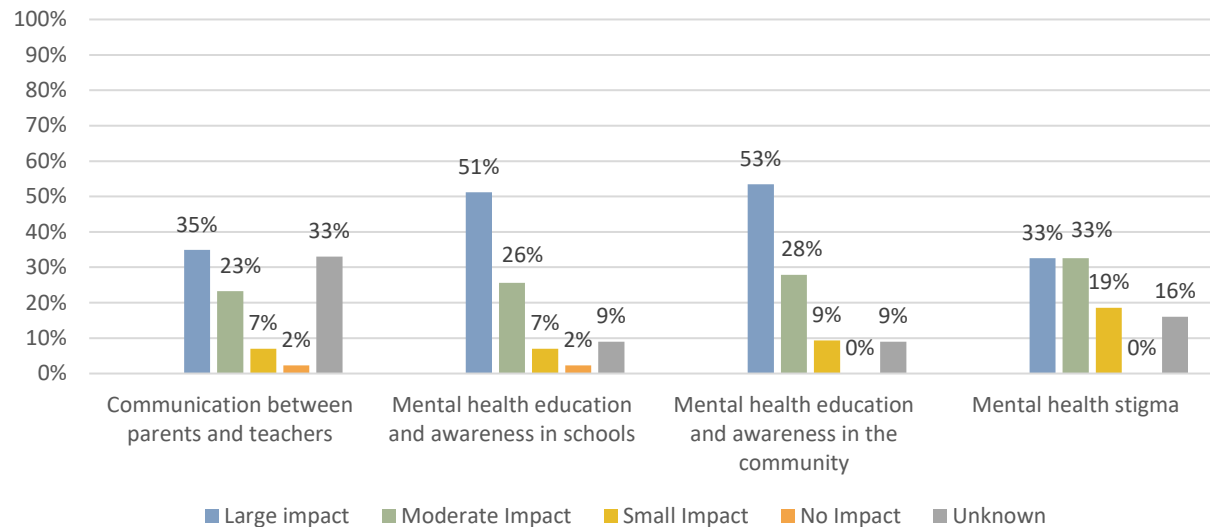


Figure 11c. What level of impact do you think the BCCSF has made in the past 5 years? n=43



Finally, providers were asked to identify what they think the Board's priorities should be in the community moving forward. All responses are listed in alphabetical order in Table 3.

**Table 3. Priorities**

Priorities in Alphabetical Order
Child abuse prevention
Child care subsidies
Early childhood education
Education for school officials
Foster care
Linking new data systems
Maternal mental health counseling
Nutrition
Parenting education
Promoting healthy relationships
Psychological assessments
Respite care
Scientifically supported programs
Stable housing
Stronger families
Substance abuse services
Support groups for parents
Trauma informed care
Universal health promotion and prevention

## APPENDIX C: BCCSF: PROVIDERS FOCUS GROUPS REPORT

---

### FINDINGS

- Eighteen providers participated in two focus groups conducted by IPP in March 2019.
- Providers discussed their opinions of the impact of the Boone County Children's Services Fund, they include:
  - Access- Providers are serving more individuals, providing more in-depth services, and bringing services to the clients.
  - Resources – Providers are able to put resources toward the needs in the community.
  - Education – Many consumers are more educated about the availability of resources.
  - Data collection – More data is being collected and analyzed.
  - Outcomes – Some providers have seen positive individual level outcomes.
  - Partnerships – New partnerships have been developed.
- Next, providers discussed the barriers that still exist for providing mental health services in the county, they include:
  - Engagement – Providers struggle to engage parents and families in services and keep them engaged.
  - Cultural relevancy – Some expressed concern with providers' ability to connect with diverse audiences.
  - Education – Some improvement has been seen, but there is still a lack of education in the community.
  - Lack of providers – There are too few providers and many are overwhelmed with the need.
  - Systems and structures – Many families have no insurance or have very high deductibles that keep them from seeking services.
  - Administrative hurdles – Many providers identified administrative hurdles with estimating units of service and reporting to the BCCS Board.
- Finally, providers made several suggestions to the Board which focus on the main themes of improving access, addressing systems and structures and increasing education.



## SUMMARY REPORT

### Methodology

Two focus groups were conducted in March 2019 with providers in Boone County. One focus group was comprised of providers who are currently receiving funding from BCCSF. The second group was comprised of providers who are not currently receiving funding. There were twelve participants in the funded providers group and six in the non-funded providers group. Each focus group was 60 minutes long and was held from 1 to 2pm on a Thursday afternoon.

### Impact

The first question all focus group participants were asked was, “When thinking about the Boone County Children’s Services Fund, what do you think has been their largest impact on children, youth, and families in the county?” The following word cloud is based on the responses from the focus group participants, the size of the word or phrase is based on how frequently it is mentioned.



Providers who participated in the focus groups identified the following as the most significant impacts of the BCCSF in the last five years.

#### *Access*

Funded providers reported that they have increased capacity to serve more individuals and to provide more in-depth services. They said they are able to work with families longer than they had been previously and as a result many believe families in the community are stronger.

Providers also identified the ability to bring services to the clients, either in schools or the community as a significant impact.

#### *Resources*

Providers have long seen the needs in the community and this funding is able to put resources toward addressing that need. Providers also mentioned the ability to provide free services to everyone.

BCCS funding in the community has also created jobs for many in the community, which provides an economic benefit to the county as a whole.

### *Education*

Some providers believe that many consumers are now more educated and that many families know that resources exist to address the needs of their children.

### *Data collection and assessments*

Providers have improved their data collection, reporting, and evaluating their outcomes. Also more data is available due to increased resources for surveys and assessments which allow for targeted connections to services.

### *Outcomes*

One provider reported that they have seen an improvement in the social and emotional skills of the children in their program.

### *Partnerships*

Providers also identified the partnerships that have grown with the schools in the county as a significant impact of the BCCS funding.

## **Barriers**

In the next question, providers were asked, “What are the biggest barriers to providing mental health services to children and youth in the county?” The following word cloud is based on the responses from the provider focus groups, the size of the word or phrase is based on how frequently it is mentioned.



### *Engagement*

One of the most significant barriers to providing services in the community is parent engagement and buy-in. Many agencies struggle with parent engagement, especially on a long term basis. Many families experience multiple barriers to mental health services including money, time, transportation, and mental health stigma which can prevent them from getting their children the services they need.

### *Cultural Relevancy*

Some providers also expressed concerns with the cultural relevancy and the ability of providers to connect with diverse audiences. They identified these concerns as hurdles that minority and immigrant populations have with accessing providers in the community. There is a lot of fear in the community and many families have no trust of providers and government. Specifically, many families do not want to share confidential information with providers.

### *Education*

There is still not enough education of the community about the resources and opportunities that exist. Often, providers are relying on other agencies to make referrals and if there is a lot of turnover in these referring agencies then the connection might not be made.

### *Lack of Providers*

Many providers mentioned that there are still shortages in the community of trained professionals to provide services and many agencies are overwhelmed with the need. Many families experienced long wait times which diminished ongoing engagement.

Additionally, providers discussed that there is still competition among providers in the community as they compete for clients and resources.

### *Systems and Structures*

Providers identified the lack of insurance as an ongoing systems issue. Many families have high deductible plans and do not want services billed to insurance.

One provider also mentioned the barriers associated with getting clinicians paneled. Several providers mentioned they experience significant employee turnover, low wages, and trouble filling open positions as other barriers.

### *Administrative Hurdles*

Funded providers also discussed the administrative hurdles they experience while working within the BCCSF system and reporting requirements. Providers commented that administrative hurdles take a lot of time, cause frustration and take away from time to do the real work.

Specific concerns are as follows:

- Billing in 15 minute increments;
- Units of service can be very challenging. Reimbursement systems that were utilized in the pilot were much easier. The nature of group settings make it difficult to estimate the number of units involved.

- Staffing turnover could mean an agency might not be utilizing all of the existing funding and that could impact future funding. Currently there is no flexibility in funding allocation or ability to roll over funding from year to year.
- Limitations and rigidity with the taxonomy;
- Calendar year reporting requirements for school based programs;
- Transparency in funding decisions. Providers were uncertain if BCCSF and the board want to hear feedback from the providers regarding issues and concerns, or does that put their funding in jeopardy? Is feedback and discussion expected in the relationship between grantor and grantee and how can that be facilitated?

## **Recommendations**

Providers were asked to share any suggestions or recommendations they had for the BCCSF Board.

### *Access*

- Need to develop messaging that normalizes mental health and builds trust;
- Need to find solutions and resources that address barriers, especially transportation and parent engagement.

### *Systems and Structures*

- Need mechanisms to build trust among providers and reduce competition;
- Need mechanisms for providers to submit feedback and discuss ongoing barriers;
- Need to build trust among providers to build a strong infrastructure.

### *Education*

- Need a county-wide awareness campaign to encourage engagement and increase knowledge.

## APPENDIX D: BCCSF: KEY INFORMANT INTERVIEWS REPORT

---

### FINDINGS

- Twenty-three key informant interviews were conducted from February to April 2019.
- These key informants represent law enforcement, family courts, children’s services, schools, and early childhood educators, medical professionals, academic researchers, members of the faith community, and other community stakeholders.
- The most frequently cited impact of the Boone County Children Service’s Fund was connecting children and youth to services.
- Common barriers to successful mental health services in the community that were mentioned include transportation- especially for families living outside of Columbia, time, money, and parent engagement.
- The most common gap in services was a shortage of providers and doctors, specifically child psychiatrists to meet the need in the county.
- Another gap that was identified was cultural competency in service delivery.
- Overall, key informants identified the most change in access to services, no change in systems or structures, and only minimal change in education.
- Key informants are grateful for the resources and recognize that the county is just at the beginning of a long road to improve individual and community mental health outcomes.

## SUMMARY REPORT

### Methodology

Twenty-one key informants were identified by the Boone County Children’s Services Fund to be interviewed for this report. Ultimately, the evaluator interviewed 23 people, see Table 1 with footnotes. These key informants represent law enforcement, family courts, children’s services, schools, and early childhood educators, medical professionals, academic researchers, members of the faith community, and other community stakeholders.

**Table 1. Key Informants Interview List**

Category	Name	Title/Location
Early Childhood	Nicole Langston	Director of Preschool for Columbia Public Schools
Juvenile/Family Courts	Judge Leslie Schneider	Associate Circuit Judge, Division X, 13 <sup>th</sup> Judicial Circuit of Missouri, Administrative Judge of the Family Court
	Ruth McCluskey	Juvenile Officer, 13 <sup>th</sup> Judicial Circuit of Missouri – Juvenile Division
Law Enforcement	Officer Mike Hestir	Community Outreach Unit Supervisor, Columbia Police Dept.
	Major Tom Reddin	Chief Deputy, Boone County Sheriff’s Department
Medical	Dr. Robert Harris <sup>1</sup>	Tiger Pediatric
	Beth Orns <sup>2</sup>	Patient and Family Support Services Manager, Missouri Psychiatric Center
Local School	Peter Stiepleman	Superintendent, Columbia Public Schools
	Chris Felmlee	Superintendent, Ashland Public Schools
	Steve Combs	Superintendent, Harrisburg Public Schools
	John Downs	Superintendent, Hallsville Public Schools
	Darin Ford	Superintendent, Centralia Public Schools
	Geoff Neill	Superintendent, Sturgeon Public School District
	Betsy Jones	Director of Counseling, Secondary School Counseling, Columbia Public Schools
	Susan Perkins	Director of Counseling, Elementary School Counseling Coordinator, Columbia Public Schools
Academic Research	Kelli Canada	Associate Professor and Associate Director for Research, MU School of Social Work
	Stephanie Potochnick <sup>3</sup>	Assistant Professor, Truman School of Public Affairs and MU Public Health Program
Community	Adrian Clifton	Co-founder/President, Worley St. Roundtable
	Eduardo Crespi <sup>4</sup>	Executive Director, Centro Latino de Salud
	Michelle Oberlag	Family Support and Children’s Division, Missouri Department of Social Services
Faith Community	Aziza Rashid <sup>5</sup>	Education and Leadership, Missouri Faith Voices
	Brittany Hughes	Columbia Regional Organizer, Missouri Faith Voices
	Harry Williams	Pastor, Sugar Grove Missionary Baptist Church

<sup>1</sup> Dr. Randall Mueller, the original contact, is no longer practicing medicine. He was replaced by Dr. Robert Harris of Tiger Pediatrics.

<sup>2</sup> Mary Beck, the original contact, suggested Beth Orns was the most knowledgeable on the subject.

<sup>3</sup> Miriam Martinez, the original contact, was unavailable. She was replaced by Stephanie Potochnick.

<sup>4</sup> Eduardo Crespi was not on the original list, but participated to provide an additional perspective.

<sup>5</sup> Aziza Rashid was not on the original list, but participated with Brittany Hughes.

Interview questions were designed for each category by the evaluator. Interviews were conducted on the phone from February 13<sup>th</sup> through April 12<sup>th</sup>, 2019. Interviews were 30 to 45 minutes in length and the evaluator recorded the conversations. Key informants were informed that his or her participation was voluntary, only summary information would be shared with the board, and no individual responses would be identified.

## Impact

Each key informant was asked to describe his or her knowledge and experience with the Boone County Children's Services Fund and Board. All of the participants had at least heard of the Fund, or knew of programs funded by the Board. Some had extensive interactions with the Board, and funded programs and providers. The most recognized program was the Family Access Center of Excellence (FACE). In fact, in many cases, FACE was the only program the key informants could identify as a BCCSF funded program.

Next, key informants were asked to identify, what, if any, impact the BCCSF has had in the last five years. The most frequently cited impact was connecting children and youth to services. Other common responses were expediting access to mental health services, successful early childhood intervention, and schools working together. Other responses can be found in Table 1, participants could identify multiple impacts.

**TABLE 1. Key Informant Responses: Impact**

Response	Number of responses
Connecting children and youth to services	13
Expediting access to mental health services	4
Successful early childhood intervention	3
Schools working together	2
Law enforcement training and information	1
Increased responsiveness to childrens' mental health needs	1
Decreased lag time to see a provider	1
Access to data and information	1
Intensive services provided	1
Services provided free of charge	1

## Challenges

All key informants were asked to identify, what the challenges are to providing mental health services to children and youth in the county. Participants provided responses that can be categorized as 1) barriers, or the hurdles that one must overcome to access services, and 2) gaps, or the holes in services, policies, or structures that keep children and youth from accessing quality mental health care.

Common barriers that were mentioned include transportation-especially for families living outside of Columbia, time, money, and parent engagement. Getting families and parents to engage with providers is a real hurdle for service delivery. Beyond the logistical barriers mentioned earlier, parents might also be struggling with their own mental health issues and not know how to help their child. Key informants also discussed the lack of awareness of resources from parents and lack of knowledge about how to navigate mental health systems.

The most common gap in services was a shortage of providers and doctors, specifically child psychiatrists to meet the need in the county. As a result, there is still a significant lag time between when a referral is made and the ability of the provider to schedule the appointment. One key informant mentioned that only agencies tend to be the recipients of funding instead of individual practitioners, which could increase the quality of care for children and youth.

Another gap that was identified was cultural competency in service delivery. Several key informants are concerned that children and youth who visit a provider that has no staff that looks like them, or no person to identify with, that they will be less likely to engage in the program. For a full list of all barriers see Table 2, participants could identify multiple barriers.

**Table 2. Key Informant Responses: Challenges**

Response	Number of responses
Transportation	12
Lack of family engagement	7
Time commitments	5
Shortage of doctors	4
Adult mental health needs	3
Knowing how to navigate the system	3
Cultural competency in service delivery	3
Toxic stress and trauma	2
Privacy and follow-up	1
Time expenditures to coordinate services	1
Turnover within agencies	1

## Response to Themes

Key informants were asked to identify specific progress made toward the themes identified in the original community input report. Those response are summarized below in Table 3.

**Table 3. Key Informant Responses by Theme**

Themes	Key informant Responses
<b>Access</b>	
Connecting children and youth with services	<ul style="list-style-type: none"> <li>Have seen some improvement, but still needs work.</li> <li>Privacy rules restrict follow-up for those making referrals.</li> </ul>
Shortage of mental health service providers	<ul style="list-style-type: none"> <li>Ongoing issue with only minimal change in the last five years. There are not enough providers to meet the need.</li> </ul>
Long wait time for appointments	<ul style="list-style-type: none"> <li>Ongoing issue with some change in the last five years. Some key informants reported a decrease in lag time.</li> </ul>
Lack of child psychiatrists	<ul style="list-style-type: none"> <li>Ongoing issue, with little to no change in the last five years. This is an ongoing significant need in the community, however, because they are in high demand, they are hard to retain.</li> </ul>



Home-based services	<ul style="list-style-type: none"> <li>• Some improvement, more progress is needed to get families engaged.</li> <li>• School-based services are effective.</li> </ul>
Parenting skills and child development education	<ul style="list-style-type: none"> <li>• Very little change reported. Key informants suggested that intensive intervention is required. However, many parents do not identify this as a need.</li> </ul>
Need for more intensive case management services	<ul style="list-style-type: none"> <li>• Some improvement has been seen. Coordination requires extensive time and resources.</li> </ul>
<b>Structure/Systems</b>	
Lack of health insurance	<ul style="list-style-type: none"> <li>• No change reported.</li> </ul>
Medicaid billing difficulties	<ul style="list-style-type: none"> <li>• No change reported.</li> </ul>
<b>Education</b>	
Teacher classroom management skills	<ul style="list-style-type: none"> <li>• Very little change reported. Key informants reported inconsistencies among skills level in teachers and schools.</li> <li>• Administrators reported professional development is helpful.</li> </ul>
Communication between schools and providers	<ul style="list-style-type: none"> <li>• Some improvement was reported, however challenges still exist. Key informants suggested that schools should be better informed of available resources.</li> <li>• Staff turnover was identified as a barrier to efficient communication.</li> </ul>
Lack of formalized system in schools with a focus on mental health	<ul style="list-style-type: none"> <li>• Have seen significant improvement. A formal system has been developed, now fine tuning needs to occur to ensure consistent utilization and improve outcomes.</li> </ul>
Mental health stigma	<ul style="list-style-type: none"> <li>• Some key informants report a moderate improvement, and many credit the “Look Around Campaign” and other public awareness activities.</li> <li>• Other key informants see very little progress and see it as a significant ongoing issue. Several feel that parents are reluctant to recognize and address mental health issues in their children.</li> </ul>

As the key informant interviews concluded, many felt the desire to express their gratitude for the resources provided by the Boone County Children’s Services Fund in the community. Most key informants recognized an improvement in the provision of mental health services for children, youth and families in the county. Key informants recognize that the county is just at the beginning of a long road to improve individual and community mental health outcomes and are excited about steps toward continuous improvement.

## APPENDIX E: BCCSF: BENEFICIARIES REPORT

---

### FINDINGS

- Surveys were conducted with three categories of beneficiaries: children age 8-14; youth age 15-19; and parents of children and youth in Boone County Children's Services funded programs.
- Sixty-one children, 11 youth, and 65 parents completed the beneficiaries' survey.
- When the children were asked, "How do you feel today?" 58 participants, or 77% responded with the green face, 15, or 20% participants responded with a yellow face, and 2, or 3% responded with a red face.
- Next, participants were asked, "How do you feel when you come here?" (*here* means the BCCSF funded provider or program). The results were very positive, 52 or 69% of responded with the green face, 21, or 28% responded with the yellow face, and 2, or 3% responded with the red face.
- For youth, age 15-19, 81% stated that they like coming to the BCCSF funded program and would keep coming if they had the chance.
- A little over half (53%) of the parents surveyed knew that their children's services were funded by the Boone County Children's Services Fund, while 46% did not.
- Almost all parents, (97%) indicated that they were satisfied with the services their children received. Only two participants, or 3% responded that they were not satisfied.
- Of the 67 respondents, 46% of parents stated that they have seen a large positive change and 42% participants stated they saw a small positive change since their child began services.

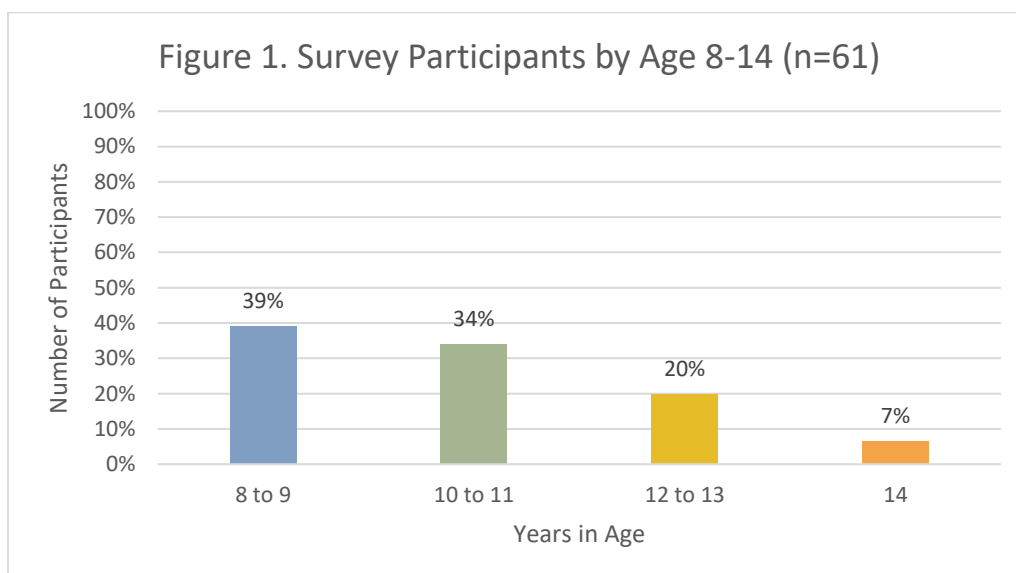
## SUMMARY REPORT

### Methodology

Surveys were conducted with three categories of beneficiaries: children age 8-14; youth age 15-19; and parents of children and youth in Boone County Children's Services funded programs. Surveys were conducted during February 2019. Parents received a link to the online survey by email. Children and youth were asked to complete the survey either online or by paper during programming funded by the BCCSF. These survey results are not a representative sample of the beneficiaries of BCCSF programs. Also, this survey was not designed to evaluate the quality or effectiveness of BCCSF providers. These responses only provide a snapshot of the opinions and perspectives of beneficiaries who participated in the survey in February, 2019.

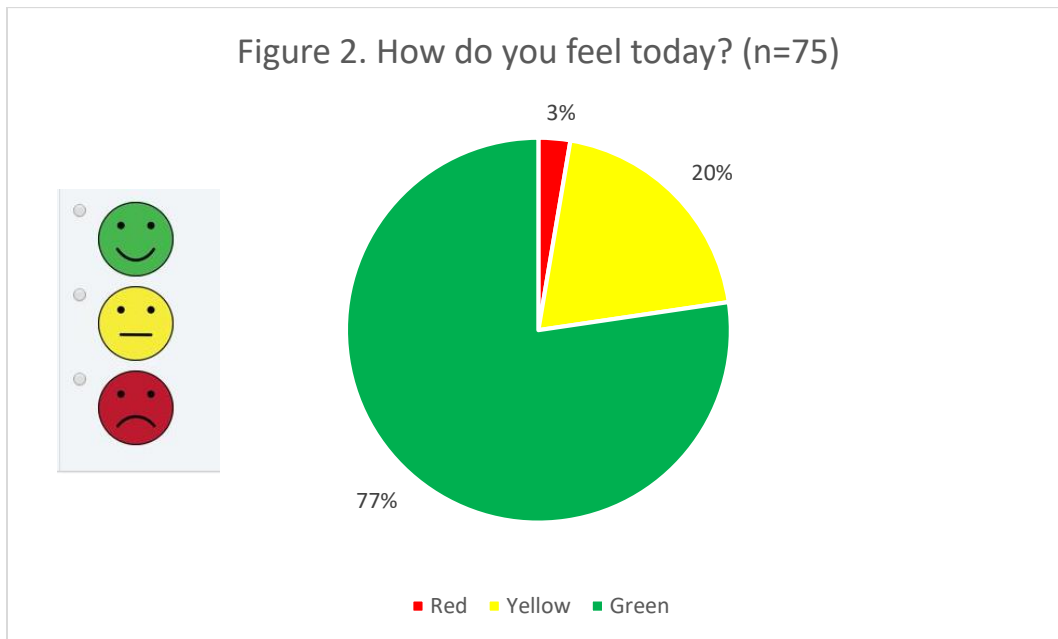
### Children 8-14 Years Old Survey

Children from the ages 8-14 were surveyed about the BCCSF program they attend. Up to seventy-five children ages 8 to 14 years old participated in the survey. However, age information was only reported by sixty-one children. The age group with the most responses were ages 8-9 years old with 24 participants, or 39% of respondents. Ages 10-11 years old were represented with 21 participants, ages 12-13 years old were represented with 12 participants, and 4 participants were age 14, see Figure 1.

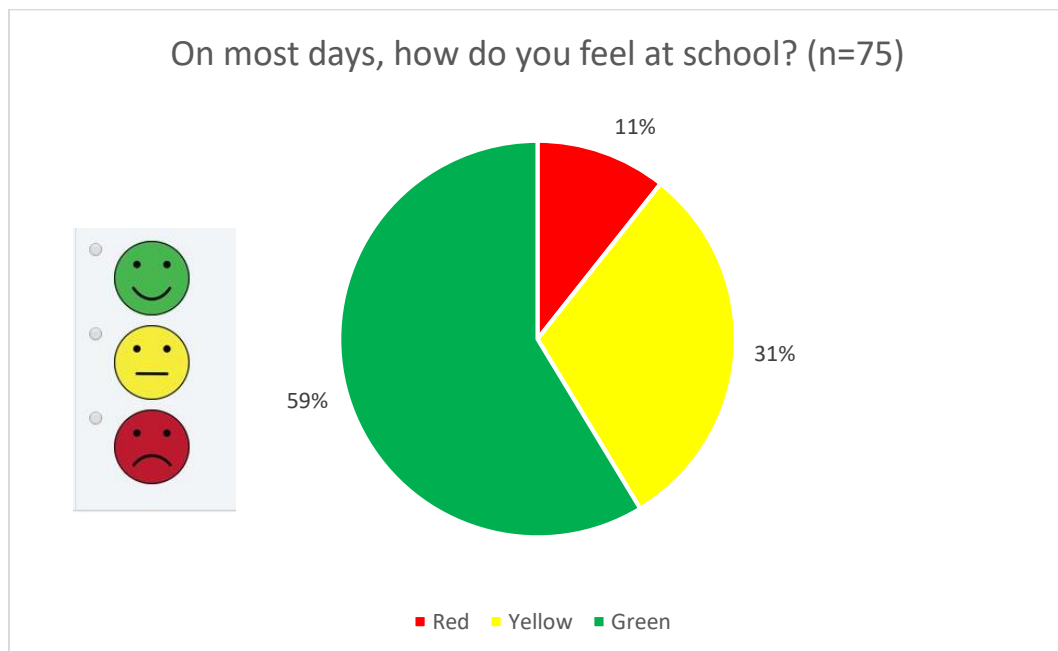


To easily assess how the children were feeling on a particular day, they were asked to pick one of three faces. The first option was a green face, representing a smile and a positive mood. The second option was a yellow face, representing a neutral response. The third option was a red face, representing a frown and a negative mood. The icons used in the survey can be seen in Figure 2.

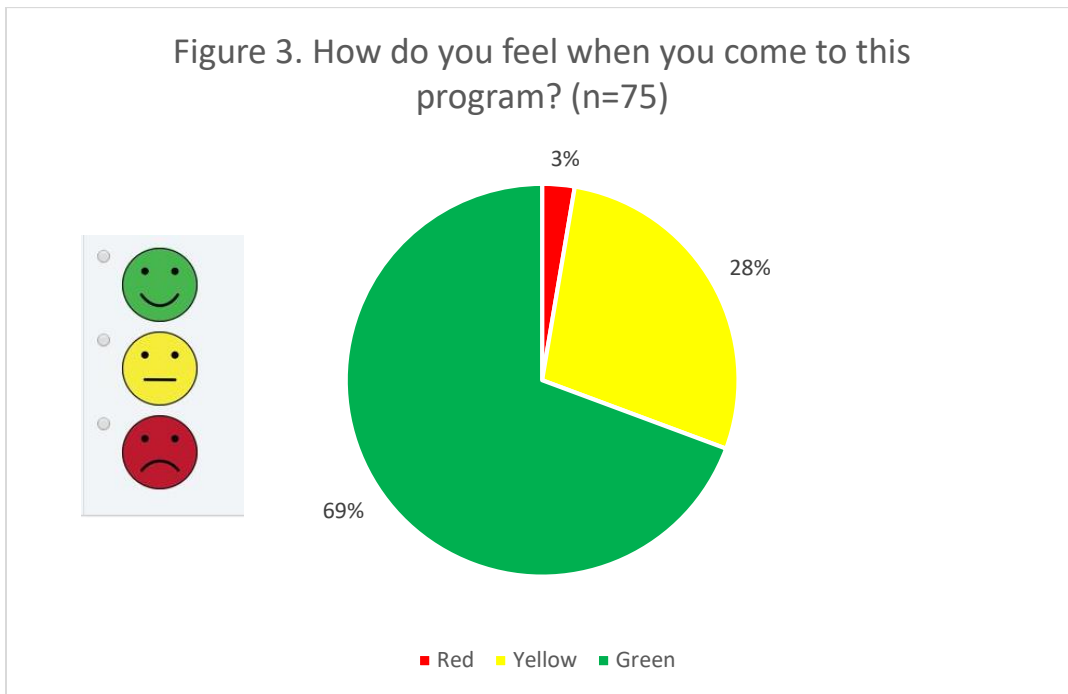
When the children were asked, "How do you feel today?" 58 participants, or 77% responded with the green face, 15, or 20% participants responded with a yellow face, and 2, or 3% responded with a red face.



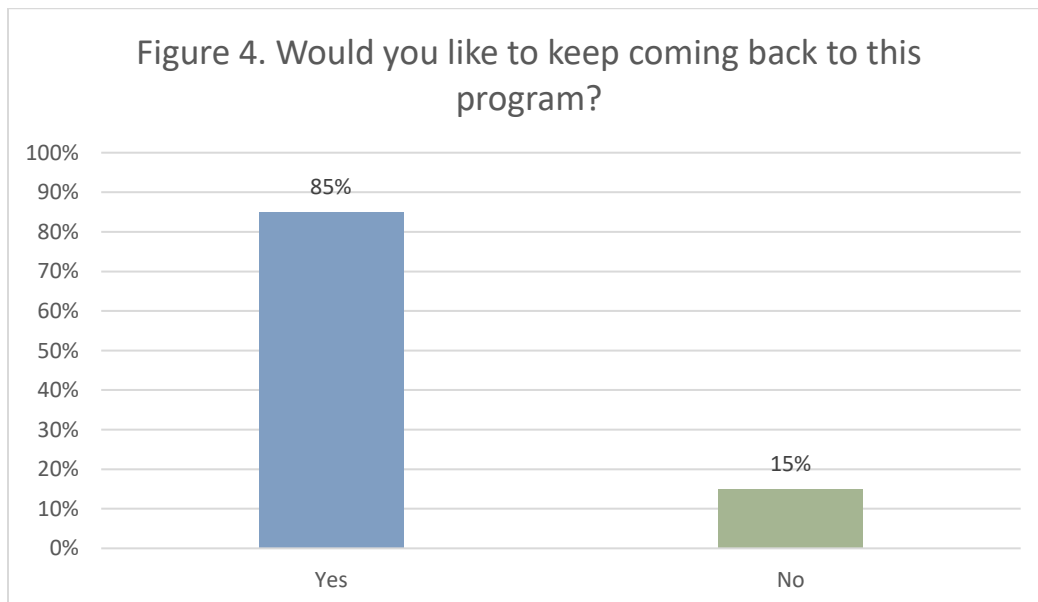
When the participants were asked, “On most days, how do you feel at school?” 44 participants, or 59% responded with the green face, 23 participants, or 31% responded with the yellow face, and 8 participants, or 11% responded with the red face.



Next, participants were asked, “How you feel when you come here?” (*here* means the BCCSF funded provider or program). The results were very positive, 52 or 69% of responded with the green face, 21, or 28% responded with the yellow face, and 2, or 3% responded with the red face, see Figure 3. These results were similar to the children’s responses on, “How do you feel today?”

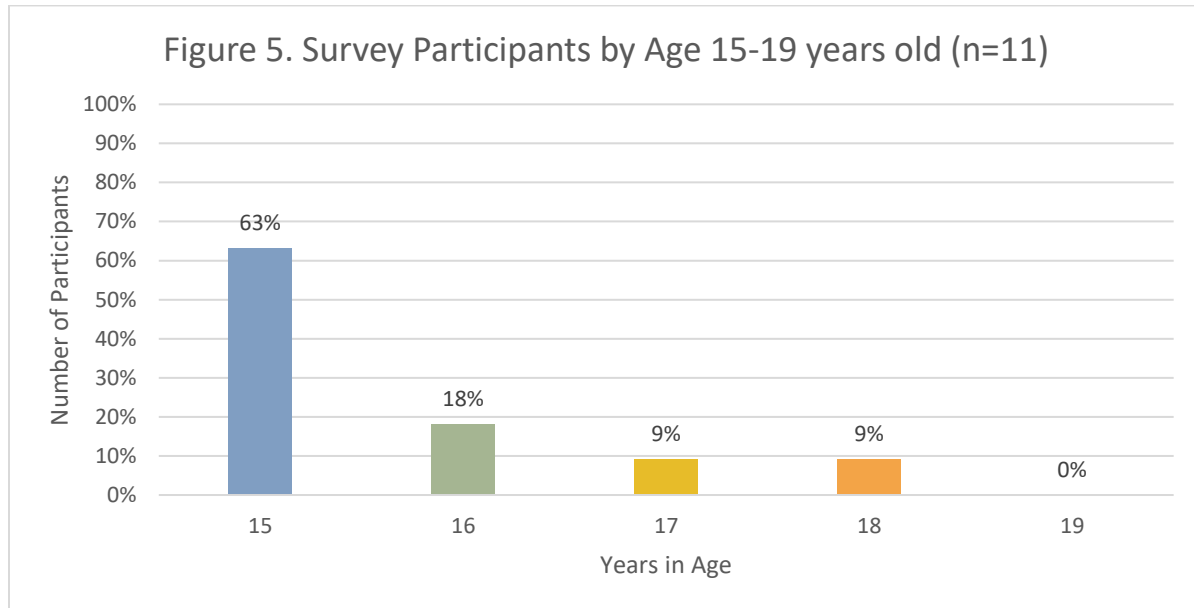


In the final question of the survey, the children were asked if they would like to keep coming to this program. The results were positive, with 85% participants responding yes, they would like to keep coming back and only 15% responded no, see Figure 4.

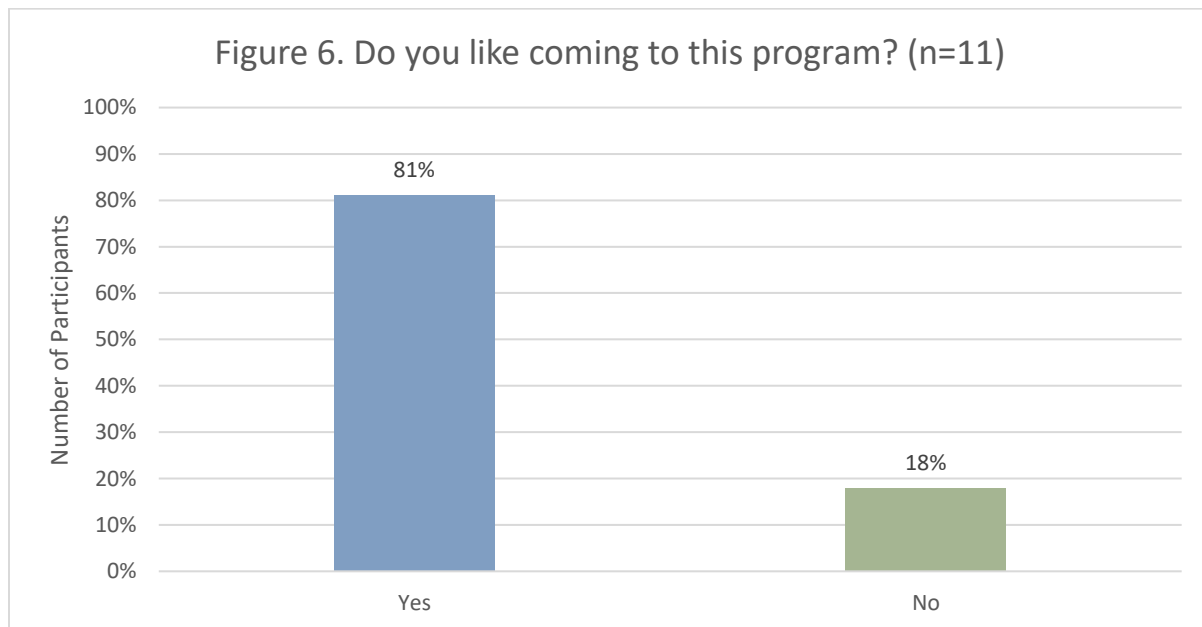


## Youth 15-19 Years Old Survey

Youth ages 15-19 were also asked to complete a survey about their experiences with the program funded by the BCCSF. Eleven youth participated in the survey, 63% of respondents were 15 years old. There were just a few 16-18 year olds and no 19 years old youth who participated, see Figure 5.

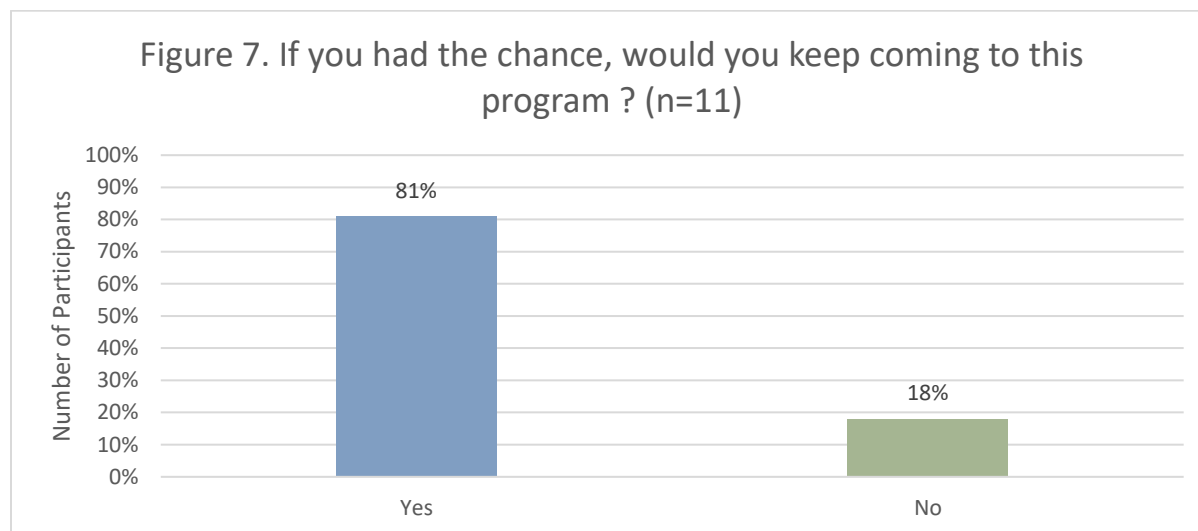


Throughout this age group, there was positive feedback, with 9 participants, or 81% stating that they like coming to the program and only 2 participants, or 18% stating they didn't like coming to the program, see Figure 6.



The youth were asked in the survey “What, if anything, do you like about coming to this program?” One participant stated that “The environment seems very open, which is comforting to me.” Another survey respondent stated, “It makes me feel supported,” and another one said, “Everyone is very kind.”

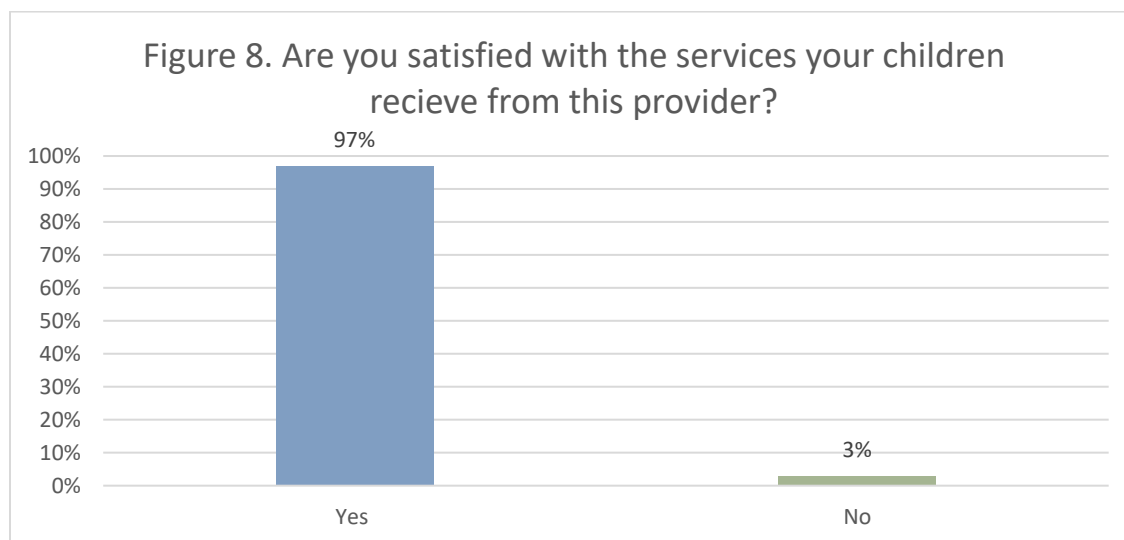
Nine participants, or 81% stated that if they had the chance, they would keep coming to the program, see Figure 7.



### Parents' Survey

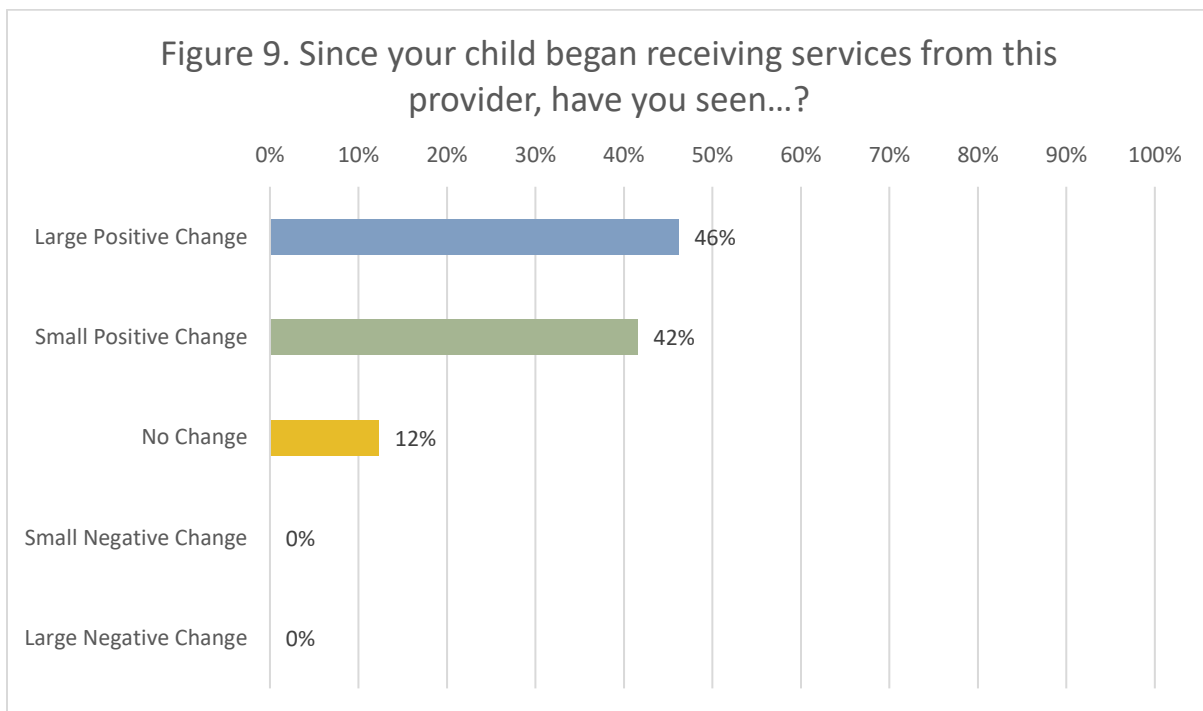
Parents whose children attended programs or providers funded by Boone County Children's Services were asked to complete a survey on their satisfaction with the services their children are provided. Sixty-seven parents completed the survey. A little over half (53%) of the parents surveyed knew that their children's services were funded by the Boone County Children's Services Fund, while 46% did not.

Almost all parents, 97% indicated that they were satisfied with the services their children received. Only two participants, or 3% responded that they were not satisfied, see Figure 8.



Finally, parents were asked if they could identify any change in their children since they began attending the BCCSF funded program or seeing the BCCSF funded provider. Of the 67 respondents, 46% of parents

stated that they have seen a large positive change and 42% participants stated they saw a small positive change. Approximately 12% said they have seen no change and there were no parents that stated they had seen either a small or large negative change, see Figure 9.



---

<sup>1</sup> Boone County Children's Services Board Bylaws. Available at: <https://www.showmeboone.com/community-services/common/pdf/BCCSBBylaws.pdf>